



UNITED NATIONS CHILDREN'S FUND

REPORT OF THE EXECUTIVE BOARD

(14-23 June 1965)

ECONOMIC AND SOCIAL COUNCIL

OFFICIAL RECORDS: THIRTY-NINTH SESSION

SUPPLEMENT No. 15

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I. ORGANIZATION OF THE SESSION

1. The Executive Board held its 322nd to 335th meetings at United Nations Headquarters from 14 to 23 June 1965.

Attendance

2. The attendance at the session is given in annex I to this report.

Agenda and documentation

3. The provisional agenda (E/ICEF/508/Rev.1), as adopted at the 322nd meeting, consisted of the following substantive items:

- (a) Reports by the Executive Director;
- (b) General statements by representatives of co-operating technical agencies;
- (c) Policy questions;
- (d) Report of the Programme Committee;
- (e) Report of the Committee on Administrative Budget;
- (f) Report of the activities of UNICEF National Committees;
- (g) Preparation for the next session of the Executive Board.

4. A list of documents issued in connexion with the session is contained in E/ICEF/INF/26/Rev.1.

Tribute to the memory of Maurice Pate, first Executive Director of UNICEF

5. The June 1965 session of the Executive Board was the first regular session since the death of Maurice Pate, the first Executive Director of UNICEF, and brought together many of his colleagues and close associates with whom he had worked over the years. The members of the Board observed a minute of silence in his honour, and many representatives who had not attended the special memorial meeting of the Executive Board on 2 February paid tribute to him in their opening remarks.

Welcome of the new Executive Director

6. Mr. Henry R. Labouisse, who took over the post of Executive Director on 1 June 1965, was welcomed by the Chairman, who assured him of the fullest co-operation of the Executive Board in seeking to continue and strengthen UNICEF's crucial work for children. She expressed gratitude to Mr. E.J.R. Heyward, who had served as Acting Executive Director following the death of Mr. Pate, and to the UNICEF staff at Headquarters and in the field for having ensured the continuity of UNICEF's activities in the interim period. Representatives, in their opening remarks, also welcomed Mr. Labouisse and expressed their thanks to the UNICEF staff.

Opening statement by the Executive Director

7. In his opening statement the Executive Director paid tribute to his predecessor, whose leadership, under the authority of the Executive Board, had given UNICEF such an outstanding record. He pledged his best efforts to carry forward the work and adapt it to the changing pattern of events.

8. In renewing his association with the United Nations he was not only accepting an interesting and challenging post; he was also expressing his faith in the United Nations as an institution and as an irreplaceable "way of life" for the peoples of the world. The true international civil servant was the embodiment of one of the aspirations of the future world community, for the hope of mankind lay in the ability of men and women with different outlooks, cultures and backgrounds to work together in trust and friendship. He intended to seek the advice and guidance of members of the Board whenever feasible, not only through formal contacts at the annual sessions, but informally as well. It might prove desirable from time to time to seek advice from members or groups of members on matters which were within their special competence. He would also welcome any advice or guidance that individual members might feel disposed to give him. 1/

9. It was his intention to seek the closest possible collaboration between UNICEF and the specialized agencies, the Special Fund and other parts of the United Nations family, both at Headquarters and in the field. He had always sought to make team play a guiding principle of his work. It was particularly important for United Nations agencies to make the best use of their limited resources and avoid duplication and overlapping; co-ordination to the greatest possible extent was essential.

10. In the same spirit he wished to work closely with the UNICEF National Committees and the non-governmental organizations which had done, and were still doing, so much for the cause of UNICEF. He expressed his gratitude for their continued support.

11. It was perfectly clear to him that if UNICEF was to do a reasonably adequate job in helping meet the minimum needs of children, an appreciable increase in income would be necessary. He could not say at the moment how big that increase should be but a study was being undertaken to determine the priority needs of children which UNICEF should help to meet. Because there were so many imponderables,

1/ The statement of the Executive Director was subsequently circulated in E/ICEF/522.

that was not a simple task. But there was no need to await the results of the study in order to recognize the necessity for action. He therefore urged that representatives - whether of Governments or of voluntary agencies - do everything possible with their Governments and the public to help bring about an early and significant increase in UNICEF income.

II. FINANCIAL SITUATION

Income

12. UNICEF income from all sources in 1964 amounted to \$52.9 million, an increase of \$750,000 over 1963, as compared to an increase of \$2.4 million in 1963 over the previous year.

Table 1. UNICEF income, 1964

	<u>Amount</u>	<u>Per cent of total</u>
	(In thousands of US dollars)	
Government contributions	25,593	77.8
Private contributions	4,137	12.6
Income from Greeting Card Fund	1,700	5.2
Other income	<u>1,447</u>	<u>4.4</u>
	TOTAL 32,832	100.0

13. Government contributions are the basic source of UNICEF's income, and their increase is a fundamental factor in the further successful functioning of UNICEF. Since a total of 121 Governments contributed to UNICEF in 1964, it was clear that more income from Government sources could only come from increases in the amounts given by present contributors.

14. The representative of the United States of America reiterated a statement made at a previous Board session that his Government would be prepared to consider increasing its annual contribution of \$12 million at the current 40 per cent matching ratio if the total of contributions from other Governments was increased substantially. In this connexion the Board received with considerable interest information about increases in 1965 from several Governments. The largest of these were from Canada (increase of \$106,000), Sweden (increase of \$247,000) and United Kingdom (increase of \$132,000). A list of contributions to UNICEF from Governments for 1963 and 1964, and 1965 to the end of the Board's session is contained in annex VII, table 1.

15. The Board was informed that the European National Committees for UNICEF, which had held their annual meeting at Montreux, Switzerland, in May 1965, had compared Government contributions from Europe with those from developing countries and had concluded that Europe would need to double its present contribution to UNICEF in order to contribute the same per caput proportion of gross national product as the developing countries.

16. It was pointed out in the Board's discussion that the leading Government contributors to UNICEF would, in the long run, be influenced by the contributions which other Governments were prepared to make - a fact which would, in turn,

affect the whole level of Government contributions. It was therefore important for the future of UNICEF that Governments of economically developed countries that were not among the principal contributors should not allow a widening of the gap between their contributions and those of the Governments which were the most generous contributors.

17. Attention was directed to the fact that the General Assembly, in its resolution 1522 (XV), and most recently the United Nations Conference on Trade and Development, ^{2/} had called on Governments, and particularly those of industrialized countries, to devote one per cent of their income to promoting the development of the peoples of the under-developed world; if this goal were attained rapidly, and appropriate priority given to children and youth in development programmes, UNICEF should look forward to considerably expanded opportunities for helping countries to deal with problems of children and youth.

Private contributions

18. Income from private contributions in 1964 decreased by \$350,000 as compared with the previous year. The sources of private contributions in 1964 and estimated contributions for 1965 are given in table 2.

Table 2. UNICEF income from private sources, 1964 and 1965

	<u>1964</u>	<u>1965 (estimated)</u>
	(in millions of US dollars)	
Hallowe'en collections	2.5	2.5
Campaigns for specific projects	1.3	1.6
Individuals and groups	<u>0.3</u>	<u>0.3</u>
TOTAL	4.1	4.4

19. The Hallowe'en collections in 1964 consisted of \$2,150,000 collected by the United States Committee for UNICEF and \$350,000 collected by the National UNICEF Committee of the United Nations Association in Canada. The Board was informed that both Committees were making special efforts to increase the proceeds of such collections. The Board was glad to note that the Executive Director planned to explore the possibilities of instituting this type of fund-raising in other countries.

20. While funds for general purposes are the most useful form of contribution to UNICEF, some people prefer to contribute to specific projects. As a result a number of UNICEF National Committees, or national committees co-operating with Freedom from Hunger committees, have raised funds for specific projects. This was done for the first time in 1961, when funds for UNICEF nutrition projects were raised through Freedom from Hunger Campaigns (FFHC). In January 1964 the possibility

^{2/} See Proceedings of the United Nations Conference on Trade and Development, vol. I, Final Act and Report (United Nations publication, Sales No.: 64.II.B.11), p. 44.

was opened for committees to raise funds for any type of project approved by the Board. Funds have been raised for nutrition projects by the FFHC committees of Australia, Luxembourg, New Zealand and the United Kingdom. For projects in other fields, mainly education and health, funds have been raised by committees in the Federal Republic of Germany, the Netherlands, Norway and the United Kingdom, and consideration is being given to such drives by other national committees in Europe. At its 1965 session the Board approved projects totalling \$329,000 for which the Netherlands and the United Kingdom committees had undertaken to raise funds. It is apparent that this form of fund-raising has proved useful in some countries, and the hope was expressed that it would be expanded in countries where it had already been started, and would be taken up in others.

21. In order to make uniform the administrative procedures for handling the proceeds of the FFHC campaigns for nutrition projects and those of campaigns for other types of projects, the Executive Board agreed that the special account for the proceeds of Freedom from Hunger Campaigns be closed. Henceforth a national committee can arrange to "adopt" for fund raising any project for which assistance is approved by the Board. The committee may undertake to raise funds for an approved commitment against which an allocation has not yet been made; or it may select a project in advance of its presentation to the Board, in which case the Board must be informed, when the project recommendation is submitted for approval, that the committee undertakes to raise the necessary funds or a portion of them, and the Board approves at that stage a commitment rather than an allocation. It is also open to a committee to select for fund raising a project for which the Board has already approved the necessary allocation.

22. The Board noted that \$300,000 had been contributed by individuals, churches, women's groups, schools and organizations, either directly to UNICEF or through national committees. A considerable portion of those contributions was unsolicited. The relatively small amount of such contributions undoubtedly reflected the fact that in most countries there was no easy way for individuals to contribute to UNICEF, and that the possibility of doing so had not been brought sufficiently to the attention of the public. The Executive Director stated that he intended to explore the possibilities for raising larger sums through this means.

23. It was stressed in the Board's discussion that increased support depended upon such factors as knowledge and understanding of the needs of children and of UNICEF's work. In many economically developed countries the public was not aware of the grave problems facing children in the developing countries. This required much more work in the field of information. In that connexion the UNICEF National Committees and voluntary agencies played an important role, which should be actively encouraged.

The need for more resources

24. In his general progress report (E/ICEF/511), the Acting Executive Director discussed the need for more UNICEF resources. He pointed out that the main opportunity, and the main burden, for protecting and developing the oncoming generation fell on the countries and communities. However, in many of the countries assisted by UNICEF the gross national product per year per person was \$50 to \$100, and in eighty-five of these countries it was less than \$200 per head, the amount considered to be a minimum for opening up larger possibilities of social development. It was virtually impossible for countries with a very low national income to provide all the services necessary for the satisfactory

development of their children and youth, and the need for outside assistance was universally admitted. However, it was noted that approximately 90 per cent of outside assistance came through bilateral channels, and very little was specifically directed to child and youth problems. The assistance given by the agencies of the United Nations system had an important impact on children. UNICEF was the one agency within this system charged with directing its aid specifically to children and youth. In addition UNICEF was concerned with stimulating interest among the many sources of external aid in preparing the oncoming generation to play a constructive role in the economic and social development of their society.

25. In 1962 the UNICEF Executive Board had been able to make allocations totalling \$44 million. It had been hoped that income would increase at a rate which would permit this level to be reached again after a period of several years, when the objectives of the new financial procedures described in paragraphs 29 and 30 below had been achieved. However, the rate of increase in income had slackened off. In the light of income prospects, the UNICEF Board had to adopt a financial plan in which allocations in 1966 were to be limited to between \$35 and \$37 million and expenditures reduced, as compared to 1964, by 15 per cent in 1965 and 10 per cent in 1966. (See paragraph 33 below.)

26. The cut-back in UNICEF aid came at a time when the child population of the countries assisted by UNICEF was increasing by 2.5 per cent each year. The documentation and the discussion at the session revealed that as its work progressed UNICEF was faced with increasingly numerous and extensive tasks.

27. A number of areas of special concern were highlighted at the Board's session. One of these was the limited scope which UNICEF had for assisting new projects. With the tightening of resources, less than 10 per cent of the programme allocations made at the Board's session, i.e. a sum of \$2.2 million, could be devoted to new projects; yet a great deal more than that could have been used solely for new projects in already existing fields of aid. Not only were there requests for aid from Governments in the fields of health, nutrition, education, vocational training and social services which could not all be met, but there were special areas of need where so far only a beginning had been made. Some of the latter that were discussed by the Board included the problem of vulnerable children aged one to six years, the plight of children in rapidly growing shanty towns, and children and youth who are not attending school. There were new possibilities for UNICEF action in the field of nutrition through co-operation with the World Food Programme and with bilateral aid programmes, as well as in the production of protein-rich foods other than milk. In the field of health there were great opportunities for UNICEF aid to be used effectively not only in the extension of basic health services, but in connexion with the potable water supply in villages, which was a major factor in the health and survival of children. Aid for the newest forms of immunization programmes for children was minimal. Countries which did not have the necessary administrative structure, personnel and funds to benefit from existing forms of UNICEF aid needed special help.

Planning the use of UNICEF's financial resources

28. The Executive Board had before it a paper by the secretariat (E/ICEF/AB/L.46) which reviewed the use of UNICEF's resources since 1962 and set forth a plan for their use in 1966.

29. In 1961 the Board had modified its financial policy to enable it to expand its aid at a more rapid rate than its income for several years. This was made possible by taking into account prospective income for the next twelve months as well as resources in hand; by allocating to projects only the amounts required for the next twelve-month period; and by reducing the operating fund to a level of working capital sufficient to finance current operations.

30. By the end of 1964 this process had been completed. The operating fund had been reduced from \$36 million to the target level of \$25 million set by the Board. The allocations which the Board could make in June 1965 and at future annual sessions would have to correspond to the income expected during the twelve months ahead and would cover only the amounts needed during that time. In effect, UNICEF was conducting its work programme like an organization with a regular annual budget.

31. The new financial procedures had succeeded in their main objective, namely, making available more aid to children, and the Board considered this an important achievement. The Board agreed that it was no longer necessary to review the procedures annually. It agreed, however, that it would be necessary for it to continue to review annually the current financial operations and financial situation, and the financial targets around which the work had to be organized for the following year.

32. The Board believed that the level of \$25 million established for the operating fund (i.e. working capital) should be sufficient for current levels of expenditure, provided, however, that the fund was made up of sufficiently liquid assets. There was a tendency for the fund to contain too high a proportion of receivables, especially in the early part of the year. Moreover, some currencies did not fulfil completely the requirements of working capital since they could be spent only when plans to do so had been made considerably in advance. The Board expressed the hope that more Governments would find it possible to pay their pledges earlier in the year, and would take into special consideration, where necessary, the need for their currency contribution to be readily convertible.

33. The Board approved the financial plan for 1966 as set forth in table 3 below. Since income was estimated at between \$35 and \$37 million, the ceiling on allocations to be submitted to the Board at its 1966 session was also limited to between \$35 to \$37 million. The ceiling on new commitments to be made in 1966 would be between \$40 and \$45 million.

Table 3. Financial plan for UNICEF, 1966

	Actual			Planned	
	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	(in millions of US dollars)				
New commitments approved	50	43	42	36	40-45
New allocations approved	44	38	37	34	35-37
Expenditures	30.4	39	40	34 ⁺ 2	36 ⁺ 4
Income	29.7	32	33	34	35-37
Operating fund, 31 December	39	32	25	25	25

III. REACHING THE YOUNG CHILD, AGED ONE TO SIX YEARS

34. A major policy question on the Board's agenda was how to reach the young child, aged one to six years. For several years the Board had noted that UNICEF-supported programmes were more successful in reaching infants and school-age children than in reaching the vulnerable post-weaning and pre-school group. Accordingly, the matter was placed on the agenda of the 1965 session in order to review the young child's special needs and problems and to ascertain how these might better be met by action on many fronts.

35. The Board had before it a report especially prepared by the International Children's Centre on the growth and development of the young child from one to six years (E/ICEF/521 and Corr.1) and a note and recommendations by the Secretariat on reaching the young child (E/ICEF/520 and Corr.1). Considerable additional documentation was introduced during the course of the Board's discussion, including written statements by a number of Governments, 3/ by technical agencies in the United Nations family, 4/ and by some non-governmental organizations. 5/ In addition, oral reports were made by a number of delegations. Statements were also made by UNICEF consultants. 6/

The vital years

36. The extreme importance of the years one to six to the child's development - physical, psychological and social - was emphasized in the study prepared by the International Children's Centre and by all the speakers who participated in the discussion. It was pointed out that the post-weaning and pre-school years were not only a period of rapid physical and psycho-motor development, but were also the period during which the child was required to adapt himself to family life and, by extension, to society in general. The child was extremely vulnerable to adverse environmental influences during this period. The mortality rate for children in the one-to-five-year age group in many developing countries was forty to fifty times higher than the rate in industrial countries. Disease and malnutrition could leave indelible scars. Deprivation, particularly of maternal care, could likewise have lasting effects on the child's personality. On the other hand, children of this age responded rapidly to a favourable environment,

3/ Brazil - E/ICEF/CRP/65-26; Morocco - E/ICEF/CRP/65-37; Poland - E/ICEF/CRP/65-25; Tunisia - E/ICEF/CRP/65-32; USSR - E/ICEF/CRP/65-24; United Kingdom - E/ICEF/CRP/65-19; United States - E/ICEF/CRP/65-36.

4/ Bureau of Social Affairs of the United Nations Secretariat - E/ICEF/CRP/65-33; FAO - E/ICEF/CRP/65-45; WHO - E/ICEF/SR.330.

5/ Twenty-five international non-governmental organizations - E/ICEF/NGO/87; International Union for Child Welfare - E/ICEF/NGO/88; Women's International Zionist Organization - E/ICEF/NGO/89.

6/ Dr. Adeniyi-Jones - E/ICEF/SR.327-328; Herschel and Edith Alt - E/ICEF/CRP/65-20.

and any action that could be taken to improve their health and welfare would have an immediate and often decisive influence. In simple terms, the basic needs of the young child were adequate food, clean water, shelter and clothing, protection against disease, and an environment conducive to healthy emotional and social development.

The situation

37. The various reports indicated that neither the developed countries, the developing countries, nor the international community were giving these formative years in the child's development the attention they warranted. Health programmes usually paid a great deal of attention to birth and infancy. When the child reached six or seven years of age, the school took over. For the most part, however, the child between weaning and school age was ignored so far as organized services went.

38. In the economically advanced countries, the health needs of young children were usually well provided for owing to the general improvements that had taken place over the past forty years in hygiene, public health, diet, popular education and living standards. However, less progress had been made in solving problems related to the social and emotional development of young children, particularly those growing up in urban slums. In the developing countries, the situation of the young child was critical in every respect. The child's diet was likely to be inadequate both in quantity and quality. He was exposed to a variety of infectious and parasitic diseases, many arising from poor sanitation, to which he fell easy prey because of his poor nutritional state.

39. In areas where traditional patterns of living still prevailed, the young child was afforded a certain degree of emotional security. But in the rapidly growing peri-urban shanty towns of the developing countries, the structure of the family was greatly weakened. There the young child was exposed to the emotional and social hazards that existed in any slum environment without even the limited benefit of such protective services as more prosperous countries had managed to provide many slum children. The mothers were often ill-prepared to cope with the adjustment required by city life and cash economy. Even children still protected by the extended-family system might not be getting the best psychological start in life. Sharing in adult tasks from an early age, they were often "children without a childhood", lacking the important preparation for later development which was provided by the experience of gradual growth in childhood.

40. Governments of developing countries had tended to give priority to social programmes whose economic implications were immediately evident. It was easy to convince officials of the importance of eradicating diseases like malaria, which crippled the agriculture and industry of entire provinces; it was also easy to convince them of the importance of educating young people to prepare them to take their place in a modern economy. However, it had been difficult to arouse interest in the plight of the young child specifically, and to create an awareness of the crucial importance of giving attention to this age group in terms of their future development as adults.

41. In many countries the social and psychological factors affecting the lives of young children had not been as fully recognized, nor had appropriate patterns of

care been established to the same extent, as in the fields of health and education. An increase in understanding of those issues was not only important as an end in itself, but would enhance the effectiveness of efforts made in health, education and related fields.

Importance of the mother and the family

42. A point of primary emphasis in the Board's discussion was the importance of the mother and the family. It was clear that the main concentration in the near future should be on educating the mother to a better understanding of the needs of her young children. Lightening the mother's burden through such simple labour-saving devices as bringing water to the village, improving her social status, and giving her the opportunity to broaden her knowledge would benefit the young child immeasurably. The role of the father, including his responsibility for maintenance, also required fuller consideration in relation to the needs of the young child.

43. All programmes and services which raised family living standards benefited the young child, whose welfare was inseparable from the welfare of the family as a whole. Security within the family, with its crucial implications for the mother and the child, depended on a supporting social environment. Housing improvement programmes, programmes to achieve a more equitable distribution of income through land reform and other measures, rural and urban water supply projects, adult literacy campaigns, social assistance - all of these, though not classed as children's services as such, tended indirectly to improve the condition of the young child at home. Community development programmes being carried out in a number of countries under various names (e.g. animation rurale), were a particularly promising way of improving the welfare of the young child.

Focusing attention on the young child

44. Merely to concentrate on the collective welfare of the family, however, would not be sufficient to provide the necessary care for the young child. The concept of the young child as a growing, unfolding individual required new approaches in child rearing and in the education of the parents and the community. There was a great need for popular education which could be carried out through health centres, women's clubs, community centres and various community development channels. In the matter of nutrition, for example, it was not sufficient merely to increase supplies of protective foods; parents had to be taught the importance of giving protein- and vitamin-rich foods to young children, and in some cases, this involved changing long-established feeding habits. 7/

45. As a priority matter, an effort would have to be made to influence the thinking of the various people engaged in programmes such as health, education, nutrition, community development, social welfare and housing redevelopment. Everyone dealing with mothers, families and local community groups in any capacity should be enlisted in the campaign to emphasize the special needs of the young child and popularize better concepts of child development.

7/ For the recommendations of the UNICEF/WHO Joint Committee on Health Policy with regard to improving the nutrition of the pre-school child, see paragraphs 152-159.

46. In that connexion attention was drawn to the importance of incorporating an understanding of child growth and development into the basic training of all professions which served children - for example, health workers, teachers and social workers. There was also a need for more research into the processes of growing and learning and the conditions which influenced child development in various settings.

47. It was pointed out that the quickest results could probably be obtained by correcting and improving the methods of child-rearing now practised in the developing countries, without trying to revolutionize them all at once. In this way it would be possible to take advantage of local customs and leadership and graft better child-care practices on existing traditions.

48. Emphasis was given to the importance of using volunteers more widely since salaried personnel working directly with families were extremely scarce in the developing countries.

49. It was suggested that the nutrition of young children might be improved through the distribution of good, cheap, and attractively presented weaning foods, and that food-manufacturing concerns might be enlisted in this effort. Private business concerns might also be encouraged to establish more crèches and day-care centres for the young children of employed mothers.

Specific services for the young child

50. It was pointed out that while the most promising avenue of approach to the needs of the young child was through the family and in particular through the mother, crèches, day-care centres, play centres, and kindergartens also had an important place in a balanced programme. In poor urban areas, where many mothers were forced to work away from home, establishment of crèches and day-care centres might be the only effective means of improving the condition of the young child. However, centres should be available to all mothers, whether or not they were working. Not only were more centres needed but efforts should be made to make them true child centres, flexibly complementing family care and open to children either for the whole day or part of the day. Day-care centres provided a good opportunity for parent education, but so far very few had been used in that way. The experience in a few places where day-care centres used in the harvest season later became a year-round operation suggested that day-care centres might play a valuable role in farm communities. The possibilities of "play centres" in villages, run by local young women trained on a para-professional basis, and involving the participation of the mother and other family members should be explored. Since in many cases girls dropped out of school because, as older sisters, they were needed to look after the younger children, the provision of day-care centres would be an indirect contribution to better school attendance by the next generation of mothers. Older boys and girls, with some training and with support from adults, could function as helpers and teachers of the younger children, in a mutually beneficial relationship.

Experiences compared

51. A number of representatives presented papers or oral reports on programmes benefiting the young child that were being carried out in their countries.

Representatives from some of the developed countries noted the persistence of social and emotional problems affecting young children even where the main health problems had been satisfactorily solved. Stress was laid on the importance of the emancipation of women in improving the condition of young children. The usefulness of day-care centres and crèches to a society in the process of industrialization was commented upon. An emergency pre-school programme based on child centres connected with local churches was described. One representative described mobile exhibits in her country which taught mothers how to make simple toys and how to stimulate the children's creative imagination through play. Another referred to the important part grandmothers could play in caring for children - a point which should be stressed to young parents. Successful experience with family counselling and parent education was mentioned by one representative. Another described how providing water to villages relieved the burden on mothers in his country. The importance of immunization services was emphasized by some representatives.

Conclusions of the Board

The task ahead

52. Much had to be done to focus attention on the importance of giving the young child adequate care and on the possible consequences of neglect at this age on future growth and development. Recognition of the importance of this age group by parents, the community, and by the State, would help provide the missing link in ensuring the continuity of essential services from infancy through school age. Moreover, it might well provide a significant new incentive for strengthening existing programmes in the fields of health, nutrition, education, social welfare and community development.

Emphasis on existing programmes

53. The Board agreed that the greatest emphasis should be placed on reaching the young child through existing channels and established programmes. Everything possible should therefore be done to mobilize all available resources in order to improve and increase services to young children. National policies for children should take into account the needs of this critical age group. In the United Nations system, the advice and assistance of the technical agencies was needed. Non-governmental agencies could make an important contribution; in some countries they had pioneered in this field.

54. UNICEF's current policies regarding assistance for training, pilot projects, and programmes in the fields of health, nutrition, social welfare services and education made it possible for UNICEF to help countries meet the problem of the young child. It was clear, however, that much more could be done within these forms of UNICEF aid. The Board suggested that the Executive Director arrange for a person to have specific responsibility for ensuring that the necessary attention was given to encouraging action on behalf of the young child.

55. The Board believed that countries planning projects in various fields assisted by UNICEF should be encouraged by UNICEF staff and by the co-operating technical agencies to pay special attention to the benefits that might accrue to the young child.

56. The Board also believed that it would be useful to bring to the attention of key persons in countries concerned with programmes which could benefit the young child some basic information about the needs of this age group, examples of practical ways to reach the group and the possibilities of UNICEF aid. The country reports and other materials presented at the Board's session could constitute a basic source for the preparation of this information.

Assessments

57. The developing countries present such a variety of situations that it has to be assumed that any country seeking to reach the young child more effectively, with help from the outside, would assess the situation of its young children on the basis of the following factors:

(a) The situation in different parts of the country: urban, rural, etc.

(b) The important objectives for the young child, such as improving nutrition, health, child-rearing practices, etc.

(c) The possibilities of helping the young child directly, and of helping him through his mother, the family and the community.

(d) The extent to which present services and training programmes are benefiting the young child, and the ministry or administrative channels and other resources which can best be used, or adapted to use, for these purposes.

58. UNICEF assistance for such assessments could be available within the framework of the present global allocation for help with country planning and project preparation. The agencies of the United Nations system are also in a position to give technical help for such assessments.

Co-operation of governmental departments

59. Usually it will be necessary for several ministries to co-operate if a comprehensive approach to the problems of the young child is to be found. The chart below lists some of the channels for services to the young child. It is by no means complete and is intended only to suggest the many approaches that may be explored. The channels and services will, of course, vary from country to country, and may be the responsibility of a ministry other than the one listed.

Examples of channels for services
to the young child

<u>Ministry with primary responsibility</u>	<u>Programme</u>		
	<u>Urban</u>	<u>Urban/rural</u>	<u>Rural</u>
<u>Health</u>	Maternal and child health services (ICH centres, maternities, hospitals, etc.)	Disease control campaigns	ICH services through basic health services
	Nutritional rehabilitation centres, Nutrition clinics Supplementary feeding		Environmental sanitation, including water supply
<u>Social Services</u>	Orientation of mothers and parent education; day-care centres; social and neighbourhood centres; playgrounds; residential institutions; and other measures to strengthen the family		
<u>Community Development</u>			Mothercraft/Homecraft <u>Animation rurale, bienestar rural, foyers féminins</u> Play groups
<u>Justice</u>	Legislation covering paternal responsibility and protection of children		
<u>Agriculture Commerce</u>	Milk policy Commercialization of weaning foods other than milk		Applied nutrition Home economics extension services Farmers' and co-operative organizations

<u>Ministry with primary responsibility</u>	<u>Programme</u>		
	<u>Urban</u>	<u>Urban/rural</u>	<u>Rural</u>
<u>Education</u>	Kindergartens Nursery schools <u>Ecoles maternelles</u>	Parent teachers' associations Adult education of women Earlier school starting (at 5 or 6)	
<u>Local government Urbanization and Housing</u>	Clean and safe environment Adequate housing Playgrounds, etc. Local services		
<u>Labour</u>	Employer responsibility for crèches, housing, etc.		
<u>Information</u>		Use of various media directed towards mothers, the public, and the professions	

Urban/rural priorities

60. While the chart shows the primary division of programmes into urban and rural, in many countries a high priority would have to be given to services for children in shanty-towns, to which families come without experience of how to deal with urban life. The rural areas would ordinarily come next in priority. The older established urban areas - provincial towns, or the incorporated areas of larger cities - would probably have third priority.

Pilot areas

61. In view of the many unsolved problems and the absence of generally accepted methods for reaching mothers and children, it is assumed that countries will want to experiment with new ideas and test methods in pilot areas. UNICEF would be prepared to provide assistance for this purpose.

Training

62. It is essential to introduce into the basic and in-service training of people in services coming into contact with children a greater understanding of the development of the young child and some orientation concerning his needs. This

applies to professional and auxiliary personnel in health, education, social service, community development, home economics, agricultural extension, and all the various channels which could be used to bring services to the young child (see chart above). Provision for field practice is important and could be a significant aspect of pilot projects. Conferences, seminars, and various information media reaching the professions could be encouraged. The normal forms of UNICEF assistance to training could be supplemented in order to bring this new emphasis to existing training schemes as well as to new courses.

Educating and informing the public

63. So much depends on the education of mothers and the public generally that special efforts should be made for information programmes of a practical nature, using all available channels, including mass media (e.g. radio and television), and such activities as literacy classes. This will require the preparation and dissemination of information materials on the young child. UNICEF assistance could be given along the lines already established in various programmes for aid in the preparation of educational materials.

Assessment of results

64. Assessment of the results of programmes was considered important by the Board. Provision should be made for such assessments to individual projects.

65. The global programme assessments prepared periodically for the Board (e.g. maternal and child health, family and child welfare) should contain special sections on how young children fare. In addition, the Executive Director should submit to the Board at its 1967 session a progress report on achievements in the care of young children.

IV. PROGRAMME ASSISTANCE AND TRENDS

Assistance approved

66. The Board reviewed the report of the Programme Committee on its 287th to 296th meetings held from 7 to 11 June 1965 (E/ICEF/P/L.637), and approved aid totalling approximately \$29.2 million in commitments and \$26.6 in allocations. These are lower amounts than assistance approved at recent Board sessions and reflect the tight financial situation of UNICEF (see paragraphs 25 and 33). Action on administrative and operational services (paragraphs 219 and 224) brought commitments approved at the session to \$36.4 million and allocations to \$33.7 million.

67. On the basis of the procedure adopted by the Board in January 1964 for fund-raising for specific projects on behalf of UNICEF by national committees, 8/ it was possible to postpone allocations for six approved projects totalling \$329,000. 9/

68. Descriptions of each project for which aid was approved are given in annex V. Commitments and allocations which were approved by the Board, by major category of programme and by region and a summary of all commitments and all allocations are given in tables 4, 5 and 6 below.

8/ See Official Records of the Economic and Social Council, Thirty-seventh Session, Supplement No. 3A (E/3868-E/ICEF/492), para. 104.

9/ See E/ICEF/P/L.637, para. 17; also para. 20 of the present report.

Table 4. Summary of commitments approved by the Executive Board in June 1965

by region and type of programme
(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter-regional	Total	Per Cent
HEALTH	1,801,793	3,230,162	3,350,458	2,724,501	40,835	4,536,733	159,000	15,843,482	58.26
Health services	1,648,793	2,108,662	2,074,458	1,343,394	40,000	927,000	159,000	8,301,297	30.52
Disease control	153,000	1,121,500	1,276,000	1,301,117	835	3,609,733	-	7,542,185	27.74
Malaria	75,000	-	260,000	1,332,000	-	3,609,000	-	5,304,000	19.50
TB/BCG	-	829,000	760,000	29,000	835	733	-	1,619,568	5.96
Trachoma	78,000	64,500	193,000	-	-	-	-	341,500	1.26
Leprosy	-	228,000	43,000	-	-	-	-	277,000	1.02
Other	-	-	-	117	-	-	-	117	-
NUTRITION	1,103,100	32,000	107,000	93,000	116,424	230,400	-	1,770,924	6.51
Applied nutrition	479,800	32,000	107,000	93,000	115,000	239,400	-	1,066,200	3.95
Milk conservation	703,300	-	-	-	1,424	-	-	704,724	2.59
FAMILY & CHILD WELFARE	240,300	141,000	15,000	190,000	-	115,000	-	709,300	2.61
EDUCATION	2,221,000	248,000	2,445,500	166,000	14,000	723,000	-	5,818,400	21.40
VOCATIONAL TRAINING	20,000	-	-	-	35,000	-	-	63,000	0.23
CT:AR	-	-	-	-	-	145,000	2,499,306	2,644,306	9.72
TOTAL FOR LONG-RANGE AID	5,403,993	3,651,162	5,917,950	3,173,501	206,259	5,759,133	2,650,306	26,850,212	98.73
EMERGENCY AID	-	-	-	-	-	-	-	345,073	1.27
TOTAL	-	-	-	-	-	-	-	27,195,285	100.00
FINANCIAL	-	-	-	-	-	-	-	2,000,000	-
TOTAL PROGRAMME AID	-	-	-	-	-	-	-	29,195,285	-
Operational services for 1966	-	-	-	-	-	-	-	4,689,800	-
Administrative costs for 1966	-	-	-	-	-	-	-	2,526,200	-
GRAND TOTAL	-	-	-	-	-	-	-	36,411,285	-

a/ Kyocok control.
 b/ Including activities for children and youth in national development plans require separate funding: \$294,306; and International Children's Centre \$2,350,000.

Table 5. Summary of allocations approved by the Executive Board in June 1965

by region and type of programme
(in US dollars)

	Africa	East Asia and Pakistan	South Central Asia	Eastern Mediterranean	Europe	The Americas	Inter-regional	Total	Per Cent
HEALTH	1,699,793	2,667,662	3,457,458	2,293,501	40,835	4,542,233	15,000	14,716,482	62.72
Health services	1,399,793	1,721,662	1,998,458	776,384	40,000	883,500	15,000	6,823,797	29.08
Disease control	301,000	946,000	1,466,000	1,517,117	835	3,658,733	-	7,892,685	33.64
Malaria	75,000	35,000	269,000	1,352,000	-	3,659,000	-	5,388,000	22.97
TB/BC	-	599,000	860,000	76,000	835	733	-	1,536,568	6.55
Trachoma	78,000	137,000	199,000	13,000	-	-	-	427,000	1.82
Leprosy	148,000	175,000	142,000	-	-	-	-	465,000	1.98
Other a/	-	-	-	76,117	-	-	-	76,117	0.32
NUTRITION	625,100	32,000	985,000	93,000	415,424	206,400	334,000	2,690,924	11.47
Applied nutrition	258,800	32,000	985,000	93,000	115,000	206,400	234,000	1,924,200	8.20
Milk conservation	366,300	-	-	-	300,424	-	-	666,724	2.84
High protein food development	-	-	-	-	-	-	100,000	100,000	0.43
FAMILY & CHILD WELFARE	248,300	123,000	15,000	98,000	-	92,000	-	576,300	2.46
EDUCATION	1,832,900	467,000	1,101,000	233,000	14,000	393,000	-	4,040,900	17.22
VOCATIONAL TRAINING	141,800	-	222,000	-	35,000	-	-	398,800	1.70
OTHER b/	-	-	-	-	-	145,000	549,306	694,306	2.96
TOTAL FOR LONG-RANGE AID	4,547,893	3,289,662	5,780,458	2,717,501	505,259	5,378,633	899,306	23,117,712	98.53
EMERGENCY AID	-	-	-	-	-	-	-	345,073	1.47
TOTAL	-	-	-	-	-	-	-	23,462,785	100.00
FREIGHT	-	-	-	-	-	-	-	3,100,000	-
TOTAL PROGRAMME AID	-	-	-	-	-	-	-	26,562,785	-
Estimated operational services	-	-	-	-	-	-	-	2,388,950	-
Estimated administrative costs (last six months of 1965)	-	-	-	-	-	-	-	1,148,650	-
Estimated operational services (first six months of 1966)	-	-	-	-	-	-	-	2,344,900	-
Estimated administrative costs	-	-	-	-	-	-	-	1,203,100	-
GRAND TOTAL	-	-	-	-	-	-	-	33,708,385	-

a/ Including tuberculosis control: \$76,000 and measles control: \$117.

b/ Including activities for children and youth in national development that require separate funding: \$294,306; and International Children's Centers \$400,000.

Table 6. Summary of programme commitments and allocations approved at the June 1965 session of the Board

	Number of projects	Commitments		Allocations	
		Amount (in thousands of US dollars)	Per cent of total	Amount (in thousands of US dollars)	Per cent of total
Health	115	15,843.5	58	14,716.5	63
Health services	(64)	(8,301.3)	(30)	(6,823.8)	(29)
Disease control	(49)	(7,542.2)	(28)	(7,892.7)	(34)
Nutrition	23	1,770.9	7	2,690.9	12
Family and child welfare	22	709.3	3	576.3	2
Education	33	5,818.4	21	4,040.9	17
Vocational training	2	63.8	0	398.8	2
Other	6	2,644.3	10	694.3	3
<hr/>					
Total long-range aid excluding freight	199	26,850.2	99	23,117.7	99
Emergency aid	1	345.1	1	345.1	1
<hr/>					
Total programme aid excluding freight	200	27,195.3	100	23,462.8	100
Freight		2,000.0		3,100.0	
<hr/>					
Grand total, programme aid		29,195.3		26,562.8	

69. At the close of the session there was a balance of \$28.1 million in commitments outstanding for future allocation, including \$24.5 million for programmes. This is shown in detail in annex VI, table 4.

70. It will be noted from table 6 that the number of projects for which aid was approved totalled 200. Of these, 171 represented the continuation or extension of projects already assisted. Because of the financial situation of UNICEF, only twenty-nine new projects were submitted for approval. The allocations for these new projects totalled less than 10 per cent of the programme allocations.

71. At the close of the session UNICEF was providing aid for a total of 540 long-range projects, as is shown in table 7. Aid was approved for the first time for Mongolia, bringing to 118 the number of Governments currently aided by UNICEF.

Table 7. Long-range projects assisted by UNICEF at the close of the June 1965 session of the Board

	<u>Africa</u>	<u>South Central Asia a/</u>	<u>East Asia and Pakistan</u>	<u>Eastern Mediterranean</u>	<u>Europe</u>	<u>The Americas</u>	<u>Inter-regional</u>	<u>Total currently assisted projects</u>
Health services	56	9	33	15	3	50	3	169
Disease control	50	5	26	18	1	36	-	136
Nutrition	34	6	9	11	7	27	4	98
Family and child welfare	34	2	10	9	-	10	-	65
Education	22	3	8	9	1	12	-	55
Vocational training	1	1	1	1	2	4	-	10
Other b/	-	-	-	-	-	2	5	7
TOTAL	197	26	87	63	15	141	12	540

a/ Including Afghanistan, Ceylon, India, Mongolia and Nepal.

b/ Including six projects for children and youth in national development which are separately funded, and the International Children's Centre, Paris.

72. The number of projects aided was a matter of concern to several delegations: in view of UNICEF's limited funds, it might be well to consider whether UNICEF's resources were not being spread too thin. UNICEF should be in a position to help countries tackle the main problems of their children in a comprehensive manner, and this might require a reduction in the number of projects; those that were of doubtful effectiveness should be discontinued. Concern was also expressed about the fact that owing to the tight financial situation, less than 10 per cent of programme funds was available for new projects. This might prevent UNICEF from continuing its dynamic role of helping to launch activities rather than supporting them indefinitely. The hope was expressed that the secretariat would review projects in order to ascertain for which ones aid might be terminated in an orderly way, and that the review would be reflected in the recommendations for assistance put before the Board in 1966. At that time, the Board might reconsider the current policy of giving priority to continuing projects.

Progress reports

73. The Executive Board had before it a series of reports by the UNICEF secretariat reviewing UNICEF activities in the past year. These reports included a note on the main issues to be considered by the Board and a summary of the financial situation and other matters of general interest (E/ICEF/511), and a note containing a discussion of trends in the major fields of aid and a forecast of requests for assistance in 1966 and 1967 (E/ICEF/511/Add.1). The reports were introduced by the Deputy Executive Director (Operations) 10/ and the Deputy Executive Director (Programmes) 11/. In addition, the Board had before it regional programme progress reports on Africa South of the Sahara (E/ICEF/511/Add.2) (E/ICEF/511/Add.2), Europe and North Africa (E/ICEF/511/Add.3), East Asia and Pakistan (E/ICEF/511/Add.4), South Central Asia (E/ICEF/511/Add.5), the Eastern Mediterranean (E/ICEF/511/Add.6), and the Americas (E/ICEF/511/Add.7). These reports were introduced by the directors of the various regions. In addition the representatives of the Bureau of Social Affairs of the United Nations Secretariat and the representatives of ILO, FAO, UNESCO and WHO made statements on the programmes of their agencies of interest to UNICEF and had occasion also to participate in the Board's discussion of various agenda items.

74. At the end of its review and debate on the progress reports of the Executive Director and the regional directors, the Executive Board came to the following conclusions:

(a) It approved the reports on the activity of the UNICEF secretariat in the implementation of programmes of assistance to children of developing countries in the fields of health, control of serious diseases, nutrition, education, vocational training, social welfare and emergency assistance.

(b) It recognized the great efforts being made by developing countries to implement the various programmes receiving UNICEF aid and welcomed the increasing attention being given by countries to the needs of their children and the efforts made to meet those needs as part of national plans for economic and social development.

10/ Statement subsequently circulated in E/ICEF/523.

11/ Statement subsequently circulated in E/ICEF/526.

(c) It reiterated and confirmed its policy that in giving the greatest possible attention to the most effective use of UNICEF aid, the following elements should be stressed:

- (i) The necessity of helping countries to develop the basic services which benefit children and to concentrate on priority programmes directed at the main problems of their children;
- (ii) The need to include training as an essential element in programmes;
- (iii) The importance under such an approach of directing greater efforts to the preparation of projects;
- (iv) The fact that while the emphasis would be on larger and more comprehensive projects, other projects having government priority which were of a pilot or experimental nature, or had a promising growth potential would also be supported.

(d) The Board believed that in seeking ways of meeting the problems of children and youth, UNICEF should take full advantage of the relevant experience of all countries.

75. The following paragraphs refer to points which emerged in the Programme Committee's and Board's discussion of progress in various fields of aid, in addition to the points discussed in connexion with the report of the UNICEF/WHO Joint Committee on Health Policy (see paragraphs 120-159) and the FAO/UNICEF Joint Policy Committee (see paragraphs 161-192).

Health

76. Health programmes benefiting children continued to receive the largest portion of UNICEF aid. At the close of the June 1965 session of the Board, some form of health assistance, provided in co-operation with WHO, was being given to 105 countries. A sum of \$15.8 million, or 58 per cent of programme commitments, was for health programmes, of which 30 per cent was for basic health services and 28 per cent for disease control.

77. Over the years UNICEF had spent more than \$60 million on technical equipment, transport, and training of staff for over 7,000 health centres providing services for mothers and children, and for three times as many sub-centres. While the organization of these health centres and sub-centres, and their supporting services represented a major achievement for the developing countries, nevertheless, in terms of the total need it was only a beginning. Although the percentage of families in the developing countries which were in any way served by health networks was not known, it was probably between 5 and 10 per cent, and in many places the services provided were still rudimentary. It was clear that to bring adequate health services to the children of the developing countries would call for major, sustained effort in the years ahead.

78. At the meetings of the Programme Committee and of the Board, stress was laid on the importance of the development of national health services which included, as an essential element, services to mothers and children; the integration of specialized campaigns against communicable diseases into the health services; the

training of various categories of health personnel; and the development of projects which were comprehensive in scope, combining several related activities such as health, nutrition, education, community development and social services. It was suggested in the Board that greater advantage could be taken of the experience of paediatric centres in some developing countries, and that greater aid should be given to increase the number of such centres. Some delegations, while recognizing the necessity for UNICEF aid to disease control campaigns, were anxious to see a more rapid decrease in this form of aid in favour of an increase in basic health services. The importance of environmental sanitation for the well-being of children was stressed and it was pointed out that developing countries could do a good deal more if they had greater outside assistance. The relationship of basic health services to disease control activities was discussed by the Board in connexion with the report of the UNICEF/WHO Joint Committee on Health Policy (see paragraphs 121-126).

79. Currently UNICEF was helping twenty-eight countries in their campaigns against malaria and the commitments in this field approved by the Board at its June 1965 session accounted for 20 per cent of all programme commitments. It was pointed out in the Board that in the Americas alone, over 30 million persons had been protected by campaigns now in the consolidation phase, and over 20 million were in areas protected by regular spraying as a part of campaigns in the attack phase; of these 50 million persons substantially protected from malaria, 20 million were children. The Programme Committee noted the progress of various campaigns, the difficulties and delays in some, and the remedial action taken or in progress. Some delegations reiterated a view, expressed at previous sessions, that in instances where it appeared that difficulties could not be surmounted, it would be better to use UNICEF funds for other purposes.

80. UNICEF was currently assisting tuberculosis projects in forty-five countries and the commitments approved totalled 6 per cent of all programme commitments approved at the June 1965 session of the Board. A number of the projects approved by the Board, all of them for continuations of aid, showed a welcome trend toward the integration of tuberculosis control into general public health plans. The Board noted a recent estimate that BCG vaccination campaigns, one of the earliest of the health activities aided by UNICEF, had prevented one million cases of tuberculosis. ^{12/} In the Programme Committee it was pointed out by the representative of WHO that experience had demonstrated that those developing countries which were prepared to reorient traditional approaches in tuberculosis control in accordance with present-day knowledge could expect to make good progress with limited resources. It was indispensable, however, for such countries to receive outside aid, particularly supplies of primary drugs and vaccine.

81. Treatment of trachoma continued to be supported by UNICEF in twelve countries, although commitments in this field at the June 1965 session amounted only to 1.3 per cent of programme commitments. Over 400 million persons were afflicted with the disease, which remained the greatest single world cause of progressive loss of sight. In the Programme Committee the question was raised whether, in view of the far-reaching effects of the disease, there should not be greater concern on the part of Governments and UNICEF to extend trachoma control work. The UNICEF secretariat reported that sympathetic consideration was given to all such

^{12/} For a discussion of the role of BCG in tuberculosis control, see paragraphs 140-144.

possibilities; however, problems of organization, arising in particular from the need for regular treatment and supervision, were great, and in view of the cost factors, some Governments had preferred to concentrate upon expanding their general health centre network, as an essential priority.

82. Aid for yaws control continued in twelve countries, including ten in Africa. Aid for leprosy, which was supported by UNICEF in thirty-four countries, including twenty-three in Africa, and which in June 1965 accounted for 1 per cent of the programme commitments, was discussed in detail by the Board in connexion with the report of the UNICEF/WHO Joint Committee on Health Policy (see paragraphs 145-151).

Nutrition

83. UNICEF, in co-operation with FAO and WHO, is currently assisting ninety-nine nutrition projects, in sixty-seven countries. UNICEF commitments for nutrition approved at the June 1965 session totalled \$1.8 million, or 6.5 per cent of all programme commitments. This constituted a falling off in assistance from recent years, reflecting the fact that there was a decline in the number of new applied nutrition projects, that aid for the production of high-protein weaning foods was still at a modest level, and that aid for milk conservation had been declining. The latter situation resulted from the fact that by now milk plants had been or were being, established in most of the larger milk supply areas in the developing countries, either with international or bilateral aid, or with commercial capital. In the Board's discussion the decrease in UNICEF aid for nutrition programmes was noted with concern because of the seriousness of child nutrition problems in developing countries. The Board's action regarding future aid in this crucial field is described in the chapter on its consideration of the report of the FAO/UNICEF Joint Policy Committee (see paragraphs 161-192).

Family and child welfare

84. Commitments for family and child welfare projects at the June 1965 session totalled \$709,000, or 2.6 per cent of all programme commitments. At the end of the session, UNICEF, in co-operation with the Bureau of Social Affairs of the United Nations Secretariat, was assisting sixty-five family and child welfare projects, in forty-nine countries. Projects in this field were directed toward improving the care of children both within and outside their homes, through day-nurseries and various child welfare and youth agencies, as well as through community development projects and women's clubs in rural areas. Although there had been no significant increase in the number of countries requesting this form of aid, and although the total level of UNICEF aid remained modest, there was some broadening of projects, in part through the development of social centres in which social welfare services, health programmes and educational and recreational activities could be combined. The centres already established were providing opportunities for family-centred social education, community participation and the improvement of community life. Some of the projects were beginning to extend to rural areas services originally provided only in urban settings. Some delegations stressed the importance of voluntary efforts to improve the living conditions of rural population, which could be encouraged by community development programmes. Several delegations expressed the hope that UNICEF aid in this field would be increased. The Board agreed to consider an assessment of family and child welfare projects at its 1966 session (see paragraph 97).

Education and vocational training

85. UNICEF, working in co-operation with UNESCO and ILO, began assisting education and vocational training programmes only in 1961. Governments have been eager for UNICEF aid in this field and at the end of the June 1965 session fifty-five education projects, including twenty-two in Africa, and nine vocational education projects were being aided. Commitments at the June 1965 session of the Board accounted for \$5.9 million, or 22 per cent of the total programme commitments. The Programme Committee called attention to the fact that the individual projects approved showed clearly the large gap between the high priority goals of Governments in the field of education, and the facilities at present available, in terms both of numbers of qualified teachers and of schools.

86. The need to adapt education to work and life prospects was being felt by Government leaders in countries where traditionally education had been reserved for those who were being prepared for white-collar employment. There was growing concern about the relationship of primary, secondary and vocational education. In addition, many countries were facing the problem of under-educated children, including those who had dropped out of school, and those who had never attended; and there was recognition of the imbalance of education as between boys and girls.

87. Board members were glad to see that, in the projects, emphasis was being placed on providing education that would prepare school children for modern life. Various measures were being taken to that end: for example, courses in manual arts, agriculture and science were added to the curriculum. The fact that health and nutrition education, as well as vocational education, were being stressed as part of the primary school curriculum was also welcomed, and it was felt that teachers should be trained in these fields as a matter of high priority. The Board was aware that a close working relationship had developed between the UNICEF and UNESCO secretariats. The Board's attention was directed to the fact that in several countries where the Special Fund had provided aid for educational and vocational training at an advanced level, UNICEF provided complementary aid at a more elementary level. The suggestion was made by several delegations that the time was approaching when the possibility of establishing a procedure for joint consultations with the UNESCO governing body might be considered, possibly through a joint policy committee, as with FAO and WHO.

Children and youth in national development

88. In 1962 the UNICEF Executive Board decided that UNICEF should assist developing countries in taking account of children and youth in their development programmes. As a practical result of such assistance, more national resources would be devoted to the priority problems of children and youth, and those resources would be used more effectively. Moreover, by being linked to national development programmes, UNICEF and other outside aid benefiting children could be used to greater advantage. The major interest of UNICEF was not in planning as such but in ensuring that national planning provided the younger generation with proper protection and prepared it to make an appropriate contribution to national development. 13/

13/ A statement made to the Board at its June 1965 session by the Director for Planning summarizing the UNICEF approach in this field was subsequently circulated as E/ICEF/527.

89. For activities in this field which required separate funding, the Board approved at its June 1965 session commitments totalling \$394,000. Regional conferences on children and youth in national planning and development are held in Bangkok from 13 to 24 September 1965 and in Santiago from 29 November through 11 December 1965. The purpose of the conferences, co-sponsored by UNICEF and the regional economic commissions and regional development institutes is to study the needs of children and youth in these regions, to examine present approaches followed by Governments in meeting these needs, and to consider ways to improve the methods and organization for taking account of the younger generation in national development. A number of Executive Board members were present at these conferences, which they believed would serve a highly useful purpose, and they looked forward to reviewing the results of the conferences at the 1966 session of the Board.

90. UNICEF aid for children and youth in national development also includes support to the Latin American and Asian planning institutes for the financing of fellowships and posts and fellowships to acquaint planners with the problems of children and youth, and for acquainting those people directly serving children with aspects of development planning. Aid is also given to supplement the research and services given by the institutes. One of the allocations made at the June 1965 session was for a seminar and projects to acquaint planners from French-speaking African countries with the basic problems of children and youth in national development; another was for a study to be undertaken on behalf of UNICEF by the United Nations Research Institute for Social Development at Geneva on how to take account of the younger generation in national development plans. These projects were generally welcomed by Board members, although several cautioned that UNICEF should be careful not to enter too far into the field of theoretical and statistical studies. In making plans for its May 1966 session at Addis Ababa, the Board provided for a special three-day meeting dealing with the needs of children and programmes for African children and youth in the context of national development (see paragraph 238).

91. The Board was informed that the UNICEF secretariat had been in touch with many of the agencies administering bilateral or multilateral aid in the industrially advanced countries. In addition, UNICEF field representatives tried to keep in touch with sources of external aid, notably bilateral and multilateral aid, which might be brought to bear on the needs of children. Throughout the year there were many informal discussions in the field to effect co-ordination of aid from diverse sources and to avoid wasteful duplication. It was pointed out in the Board that this co-ordinating process was most effective where the developing countries had assumed the major responsibility for co-ordination and planning.

Other programme activities

Training

92. In all fields Governments were giving high priority to the training of personnel in their requests for UNICEF aid. Quantitatively, by far the greatest effort was going into the training of auxiliary staff or "front line workers". Such staff could be trained quickly and without great expense to perform many useful services. Sometimes they were able and willing to work under field

conditions that highly trained staff were less willing to tolerate. With good supervisory support, they were the mainstay of many UNICEF-aided projects in the developing countries. Board members generally commended this emphasis but recognized the necessity for supervision and for professional skill in planning, directing and reviewing the work in the field, and for teaching. They therefore welcomed UNICEF support of selected university-level or post-graduate courses - both nationally and regionally - as well as of professional training in various fields such as social work, education and home economics.

International Children's Centre

93. The Board approved a commitment of \$2,350,000 to continue support of the International Children's Centre (ICC) in Paris for the five-year period 1967-1971 on the understanding that an equal amount would be provided by the French Government. The UNICEF Board, in response to an invitation of the Bureau of the ICC Executive Board, authorized its Chairman to appoint a person, from among the representatives to the UNICEF Board, preferably with greater interest in economic and social than in health problems, to serve as a member of the ICC Executive Board. As in the case of other members of the ICC Board, this person would serve in his personal capacity.

94. Both in the Programme Committee and the Executive Board, the Centre's work in training, research, and information was praised by a large number of delegations. The training programme, which included a variety of courses and special seminars, had been progressively decentralized from Paris to the developing countries in recent years. Some delegations expressed the view that UNICEF should also study the possibility of helping establish similar centres in developing areas. Several delegations, while paying tribute to the excellent work of the Centre, questioned the appropriateness of the continuing UNICEF financing of one-half its programme, particularly without any arrangement having been made for the eventual termination of UNICEF aid; in the Programme Committee two delegations abstained in the vote on the commitment to the Centre in order to emphasize this point of view. The representative of France stated that it was understandable that after a long period of co-operation new formulas for joint action in financing should be required. During the next five years, the French Government would envisage negotiations with UNICEF regarding those matters. 14/

Assessments

95. In January 1964, the Board considered the need for better programme assessments, both at the national level and at the international level, and decided that UNICEF should encourage and support more systematic assessments. The Board recognized that different measures would be required for the two levels. The assessment of country projects was primarily the responsibility of the countries themselves; but a global assessment of the broad categories of assisted programmes must be made on an international basis from time to time in order to inform and guide the Board in reviewing programme policies.

14/ See E/ICEF/P/L.637, paras. 81-90.

96. Specific provision for evaluations were now becoming a normal part of planning of individual projects. In relation to the global assessment of fields of aid, the Board had before it at its June 1965 session a review of leprosy control projects (see paragraph 145); and a preliminary study of the socio-economic effects of dairying in developing countries (see paragraph 186). The Board believed that experience in making these two studies had demonstrated the importance of adequate advance preparation, including particularly joint field visits by UNICEF and the interested technical organizations.

97. The Board agreed on the following schedule for its review of global assessments:

In 1966: Family and child welfare,
Milk conservation programmes;

In 1967: Applied nutrition,
Maternal and child health;

In 1968: Environmental sanitation and water supplies.

Assessment of other categories of aid, such as education and vocational training, would be prepared for later Board sessions when there has been more experience with such projects.

Experience with local costs

98. The Executive Board had before it an analysis of UNICEF aid in the form of local costs for the three-year period 1962-1964 (E/ICEF/518). In 1961 when it established the current UNICEF policy on provision of local costs, ^{15/} the Board had set no special limitation on the percentage of total project allocations which could be used for local costs. It had recognized that once every effort had been made to secure essentially needed local funds from the Governments' own resources, or from bilateral or multilateral funds, or from voluntary agencies, it might still be necessary for UNICEF to provide for some local costs in order to make the project effective.

99. The analysis showed that during the three-year period, 13 per cent of assistance allocations was used for local costs, the largest amounts being used in Africa and Asia. By far the largest part of local costs had been provided as stipends for within-country training programmes. While emphasis had been on the training of auxiliary staff categories, there had been growing attention also to the training of trainers and supervisors. Field reports had shown that for many countries this form of aid had permitted training on a larger scale and in a shorter period of time than would otherwise have been possible. For some types of programmes - education, vocational training, and family and child welfare - the use of local costs for training was often the most effective way for UNICEF support to be given. The experience had been that by and large when the value of a

^{15/} See Official Records of the Economic and Social Council, Thirty-second Session, Supplement No. 13B (E/3525-E/ICEF/431), paras. 112-117.

training programme had been demonstrated, increased local financing was forthcoming.

100. UNICEF funds to help meet local expenditures had also been used for salaries, salary supplements and field allowances for key senior personnel where adequate leadership could not be secured without this kind of incentive. In this case, however, UNICEF aid had been limited to a period of a few years, and had been granted only on the understanding that the Government would take over the responsibility after the initial period.

101. The analysis of local costs had been prepared in response to a request from one delegation which had expressed the hope that UNICEF would not take on as a continuing burden support of local costs, as such costs should be the primary responsibility of the Governments concerned. The delegation stated that it was reassured by the report, which was approved by the Board.

Requests not submitted to the Programme Committee

102. The Board noted that, as requested by the Programme Committee in June 1964, the Secretariat had prepared a report on formal requests for aid received in the interim period and not put forward to the Programme Committee (E/ICEF/P/L/605). This report gave information not only on such requests but also presented a discussion of the way in which informal discussions between UNICEF staff and Governments were conducted and some of the reasons why such informal requests might not be developed into formal requests.

103. The Committee felt that it had had a useful review of this question and that a review along the same lines should be continued at future sessions. It would, however, be desirable for the Committee to have additional information available about consultations with Governments on trends in the needs of children as reflected in inquiries concerning the availability of UNICEF aid, and about why the secretariat was having to discourage such inquiries. The Committee recognized that this might not lend itself to a statistical presentation but that it would be a general review of trends, particularly as seen from the standpoint of regional directors. The Committee considered that it would be useful to have this information for a year or two to assess the areas of concern and interest of developing countries with regard to UNICEF assistance which did not now fall within present policies. Also it might indicate to the Programme Committee and the Board the nature of the choice which had to be made when UNICEF funds were limited. If this type of information proved useful, the practice could be extended; if not, the Programme Committee would decide to discontinue the procedure.

Special areas of concern

104. Aside from the special problems discussed elsewhere in this report, there was considerable concern in the Board with some other special areas. Growing urbanization and the development of shanty towns in many areas had resulted in the disruption of family life for children, leaving them without adequate services for their protection and development. There was a great need for integrated programmes to alleviate the condition of children in such conditions; of special urgency was the plight of new in-migrants into the slums of the cities.

105. There was concern also in the Board with the problem of out-of-school and out-of-work youth in many countries. It had been pointed out in the Programme Committee that there was an increase in the number of countries requesting UNICEF aid for youth programmes and that it would be useful for the Board to consider the age groups to which UNICEF aid could be extended and the type of aid which could be given.

106. The effect of UNICEF aid on improvement in the status of women in developing countries was noted. Although many countries, particularly in Africa, had made a good beginning in women's education (the so-called "mothercraft/homecraft" projects), much more needed to be done along those lines in the future. Furthermore, the role of trained women was critical in services for children and youth and it was important for many thousands of women to acquire the necessary technical skills and professional status in national training schemes which could be helped by UNICEF. ^{16/}

Possible role of UNICEF in family planning

107. The possible future role of UNICEF aid for family planning activities within the context of maternal and child health services was raised in the course of the general debate when one delegation proposed that the question be placed on the agenda of the next Board session and that the Executive Director be requested to prepare a report for that session, in consultation with WHO and other relevant organizations. The report should include information on the requests for aid in this field which UNICEF had received and should outline the scope and type of assistance which UNICEF might provide. WHO would be asked to advise on the health aspects of such a programme. In addition the Executive Director should submit to the Board one or two requests for aid to activities in this field from Governments which gave such activities high priority.

108. The delegation pointed out that many developing countries faced enormous difficulties in raising the level of living of their population because economic and social achievements had not been sufficient to keep up with population growth. This had led a number of them to adopt a population policy which encouraged family planning. Each country should be able to develop a population policy which was suited to its economic, social, religious and cultural circumstances, which permitted freedom of choice to individual families in accordance with their moral values and social goals, and which was directed towards securing a rate of population growth consistent with the country's goals for raising the levels of living. Since UNICEF's primary concern was the health and well-being of mothers and children, UNICEF's role in family planning should be examined in that context. UNICEF had provided extensive support for maternal and child health services, and the trend was towards an increase in such support. While the scope of such services might vary in different countries, an essential element was always maternity care. That care, if it was to be good and comprehensive, should not only provide services during pregnancy and delivery, but also prepare the mother for subsequent child-bearing and enable couples to choose when the next pregnancy should take place. In view of the recent resolution of WHO on the health aspects of world population (WHA 18.49), it could be expected that a number of developing countries with family planning programmes would seek advice from WHO and assistance from UNICEF. Without wishing to prejudge the nature of UNICEF assistance, the delegation believed that special emphasis might be put on the training of personnel engaged in maternal and child health work.

^{16/} The effects of UNICEF-assisted programmes on women, and the contribution of women to UNICEF-aided programmes was the subject of a study prepared in 1965 for the Commission on the Status of Women (E/CN.6/435/Add.3).

109. A number of delegations associated themselves with the proposal and advanced some additional points. The problem was an urgent one and therefore it was high time for UNICEF to define its own policies. The action of the WHO Assembly in making available advisory services on the health aspects of human reproduction, in effect opened the door for UNICEF to enter the field, in co-operation with WHO. The controversy over family planning was more apparent than real since it was not UNICEF but the country concerned which decided what population policy it should follow; UNICEF aid would undoubtedly encourage those countries which wished to take action. Notwithstanding inadequacies in present-day knowledge, it was clear that practical steps could be taken, based upon research and work already done; it might also be possible, to some extent, to experiment with new approaches. A number of countries, both developed and developing, had found the current knowledge sufficient to enable them to undertake extensive programmes. Family planning was important not only because of population problems but as a measure to strengthen family life. It was pointed out that in order to reach mothers in significant numbers, it would be necessary to expand maternal and child health networks. The suggestion was made that much could also be done through both formal and adult education activities. One representative stated that his Government would be prepared to consider the possibility of providing special financial assistance in the form of funds-in-trust administered by UNICEF for projects which aided family planning.

110. On the other hand, some delegations, while not opposing placing the question on the agenda of the next Board session, voiced misgivings about UNICEF becoming directly concerned with aid for family planning. They counselled caution in any approach to such an important and complicated problem, which was the concern of a number of other bodies, about which there were so many doubts, and concerning which much still needed to be known.

111. One delegation stated that it was incorrect to link inadequate national economic growth with over-population and then to attribute the inadequate economic growth to excessive population. Experience had shown that birth rates declined only after a significant rise in levels of living and education, a reduction in infant mortality, and an improvement in health services. It would be premature for UNICEF, in a spirit of unjustified optimism, to begin work in this field and take a more radical and far-reaching position than WHO, which was only about to begin studying the scientific and information aspects of the problem and still had to consider the report its Director-General was to prepare in this field. Reliable scientific means of birth control in developing countries which were simple to use, cheap, and not dangerous to women, had still to be found. Even if such means were available they could not be easily placed at the disposal of the population because of the relatively small numbers reached by maternal and child health centres. Moreover, the possibilities of UNICEF taking serious action in family planning were restricted by its limited funds. The delegation pointed out that its reservations regarding UNICEF action were not based on religious, ethical, or social objections to family planning as such; it had no objection if the staff at maternal and child health centres which received UNICEF aid gave advice and information on family planning to women who asked for it. It believed that if specific requests for aid were brought to the Board at its next session this might, in effect, prejudice the decision in favour of UNICEF's participation in family planning before the question had been considered in all its aspects.

112. In the reservations voiced by other delegations additional points were made. It was stated that UNICEF was already making a contribution by helping mothers care for their children better and by aiding other indirect measures which enhanced the value of the individual child and encouraged parents to have smaller families. As in other fields of aid financed by UNICEF, unanimity and the assurance that the results obtained would be correct were important. UNICEF should not embark on an activity which could tarnish its well-deserved prestige, gained over the years by direct and successful action on behalf of children; contributions to UNICEF might even be affected. Many bodies were concerned with population problems and with finding effective solutions which would respect moral and human values and the natural laws of mankind, and this task should be left to them. While efforts were being concentrated on studying the scientific aspects of the problem, including finding effective and non-harmful means of controlling family size, progress could be made in improving the quality of national staff which might, at some stage, be involved in providing advice and information to mothers.

113. The representative of the World Health Organization described the development of WHO's programme relating to the health aspects of world population and outlined the Organization's future activities with regard to human reproduction. The biology of human reproduction was insufficiently known and it had important public health implications because of the biological, medical, social, cultural and economic factors involved. Since 1963, six scientific groups had been convened to study various aspects of the problem, five reports had already been published in the Organization's Technical Report Series and two more groups were scheduled to meet towards the end of 1965. The programme had included the preparation of a bibliography and critical review of world literature on the subject and an inventory of research institutions and scientists working on human reproduction. Information and supply services to research had been provided. Studies on health aspects of population dynamics had been carried out. Research grants and research training grants as well as grants for the exchange of research workers had been awarded. An Expert Advisory Panel on the Biology of Human Reproduction had been set up. Further studies and meetings of scientific groups and reference and advisory services were being considered as part of the future programme.

114. The resolution adopted at the Eighteenth World Health Assembly (WHA 18.49), in its preamble, recognized, inter alia, that "the size of the family should be the free choice of each individual family", that "it is a matter for national administrations to decide whether and to what extent they should support the provision of information and services to their people on the health aspects of human reproduction" and that "it is not the responsibility of WHO to endorse or promote any particular population policy".

115. In its operative part, the resolution approved the report submitted by the Director-General and requested him to develop further the programme proposed in the field of reference services and studies on medical aspects of sterility and fertility control methods and health aspects of population dynamics. It also requested the Director-General to provide advisory services in the form of technical advice on the health aspects of human reproduction within the responsibilities of WHO.

116. Within the framework of the Assembly resolution and of the collaboration between WHO and UNICEF, WHO would be happy to furnish UNICEF with any technical information and advice it might need.

117. The representative of the Bureau of Social Affairs of the United Nations Secretariat, in her general statement regarding programme developments of interest to UNICEF, pointed out that one of the main concerns of the Population Commission at its thirteenth session had been how the United Nations could help countries solve their population problems. The Commission had reaffirmed that it was for each Government to decide its own population policy and had been unanimous in the view that measures aimed at modifying population trends should not be regarded as substitutes for the most energetic efforts to expand production, reduce unemployment and underemployment, where those problems existed, and provide adequate facilities for education, public health and other essential social services. The Commission's discussion had stressed that any activity in the field of population control should be based on thorough research, and that much remained to be done, particularly in training demographers; the majority of the Commission had been in favour of expanding United Nations advisory services in that sphere. It had also been felt that special attention should be accorded to the problems of information and of educating the family, which were important elements in all population planning.

118. The representative of FAO drew the Board's attention to the statement made by the Director-General of FAO to the Population Commission on the pressing need, in the light of the serious food supply situation in developing countries, to adopt population stabilization as a social policy of urgent priority.

119. At the conclusion of the Board's debate, there was general agreement that the question of the role of UNICEF in family planning should be included in the agenda of the Board's 1966 session and that the Executive Director should be requested to prepare a report on the question. The Executive Director might submit to the next session of the Board one or two requests for assistance from Governments giving a high priority to aid in this field. It would be made clear to them that their requests could not be approved by the Board unless the Board had first adopted a policy of aid in this field.

V. REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

120. The Executive Board had before it a report on the fourteenth session of the UNICEF/WHO Joint Committee on Health Policy (JCHP) held from 8 to 10 February 1965 (E/ICEF/509). The report included recommendations concerning UNICEF assistance for five types of activities benefiting children: basic health services, certain immunization programmes, BCG vaccinations, leprosy control, and health components in nutrition programmes. In the case of leprosy control, the Board also had before it a review of leprosy-control projects assisted by UNICEF and WHO (E/ICEF/513) and comments by the Acting Executive Director (E/ICEF/519). A separate paper by the Acting Executive Director commented on the other recommendations of the JCHP (E/ICEF/515).

Basic health services

121. The conclusions of the JCHP on basic health services called for no change in UNICEF policy. The JCHP agreed that joint UNICEF/WHO assistance to basic health services should be intensified and given high priority; that it was essential to plan basic health services within the framework of over-all national health services, which should be an integral part of social and economic development; and that organized maternal and child health services should be planned and operated as an integral part of the basic health service programmes without sacrificing their individuality.

122. The JCHP further agreed that the specific health needs of mothers and children should be given due emphasis in training programmes and that aid to such programmes should include the provision of facilities for both formal and in-service preparation of all categories of national staff, both at the professional and the auxiliary levels; that it was necessary to train senior field staff to supervise their assistants; and that particular attention should be given to the system of supervision throughout the service.

123. The JCHP believed that health units should be adequately equipped to carry out preventive disease services, to conduct health education, to give simple treatments and to provide the necessary transport for taking services to the people and for ensuring supervision.

124. In discussing the integration of mass disease-control activities into general health services, the Committee agreed that while basic health services were being developed, it might be necessary in a given country to continue assistance to mass campaigns for the control of specific communicable diseases affecting mothers and children. The assistance thus provided would serve to stimulate the development of basic health services and prepare the way for the progressive integration of these campaigns into the general health services.

125. The JCHP considered that the establishment or extension of basic health services on a nation-wide scale might include a carefully planned pilot project. Such experience could also provide valuable material for staff training.

126. In the Board's discussion, emphasis was laid on the importance of developing basic health services and of ensuring that the quality of maternal and child health services would not be impaired when they were integrated into basic health services; maternal and child health services should not lose their identity, and the training of MCH personnel and the provision of skilled MCH supervision should be assured. Mass disease-control campaigns, although costly in terms of resources and personnel, had to be undertaken in many places precisely because basic health services were lacking; the ultimate objective, however, should be to ensure that basic health services were equipped to deal with all health problems.

127. The Board approved the Committee's recommendations.

Certain immunization programmes

128. The JCHP's recommendations concerned two types of immunization programmes not hitherto aided by UNICEF - poliomyelitis and measles; and one type already aided - smallpox.

Poliomyelitis

129. In the JCHP's discussion, mass vaccination campaigns were recognized as being necessary for rapid and complete control of poliomyelitis but different views were expressed on the priority to be given to mass vaccination at the present time in countries with other important health problems. In view of the high cost of producing and testing small amounts of live vaccine it was felt there would be great advantage if, where appropriate, countries would develop production on a regional instead of a national basis.

130. The JCHP recommended that UNICEF, although not normally providing assistance to campaigns against poliomyelitis, might do so under the following conditions:

(a) If there was evidence that the incidence of the disease had increased greatly or was likely to do so in the near future;

(b) If the Government concerned gave high priority to vaccination of the susceptibles (which in most cases would be young children);

(c) If the country had adequate medical services for this purpose, except in emergencies.

131. In the Board's discussion of the JCHP's recommendations the point was made that while poliomyelitis campaigns had a wide public appeal, the number of paralytic cases was relatively low in developing areas and the disease was no more disabling than many others. Moreover, campaigns were expensive and it was difficult to transport vaccine to reach young children and to ensure proper follow-up. However, under the conditions recommended by the JCHP, it would be appropriate for UNICEF aid to be given to countries faced with a rising incidence of poliomyelitis and prepared to overcome the difficulties involved. Some delegations believed that the difficulties of campaigns might be over-estimated

and gave examples where obstacles were surmounted and gratifying results achieved. It was pointed out that where there were basic health centres, immunization campaigns could be carried out by the centres cheaply and effectively.

132. The Board approved the UNICEF aid for poliomyelitis campaigns under the conditions recommended by the JCHP.

Measles

133. The JCHP noted that death rates from measles were high in some developing countries, particularly in Africa and Latin America, and that effective measles vaccines were now available. While these vaccines gave a high level of long-lasting immunity, they still caused a high proportion of reactions which would impair the public acceptance of a mass campaign, and they were, in addition, expensive. The epidemiology of measles was such that the mass campaigns would have to be on a routine continuing basis if any lasting advantage to the community was to be obtained.

134. In the light of the above factors, the JCHP was not able to recommend that aid be given to mass vaccination campaigns against measles to be undertaken at the present time. However, provided the costs of the programme were not excessive, consideration might be given to a programme whereby UNICEF would provide vaccines to countries with high death rates on two conditions: that the vaccines were administered only to groups small enough to be kept under observation during the period of reaction; and that it was possible to continue to vaccinate systematically the children born into the community in future years.

135. In the Board's discussion of the JCHP's recommendations, some delegations did not accept the implication that a cautious approach was necessary, since the vaccine was safe and efficacious, but they agreed that the UNICEF contribution could only be modest at present because of the high cost of the vaccine. One delegation believed that the measles vaccines currently available were at a stage where extensive field trials were required; such trials should be financed and carried out by those countries and organizations involved in the production of the vaccines. The hope was expressed that further research would bring the costs down.

136. The Board agreed that UNICEF might consider assistance with measles vaccine in accordance with the conditions set by the JCHP.

Smallpox

137. The progress of the smallpox eradication programme was reviewed by the JCHP, which emphasized the importance of freeze-dried vaccine in warm countries. It was recognized that in some countries local production would be uneconomical and there was a need for imported vaccines. The JCHP recognized that UNICEF did not, like WHO, have a commitment to the global eradication of smallpox. UNICEF had already provided assistance in the production of freeze-dried vaccines and had also provided vaccine for use through basic health services. The JCHP recommended continuation of this type of aid by UNICEF.

138. The representative of WHO stated that his organization was aware of UNICEF's desire to aid country projects benefiting children which were accorded priority by the Governments concerned, and it recognized that this normally precluded UNICEF's support of global campaigns. He called attention, however to resolution WHA18.38 of the World Health Assembly, on world-wide eradication of smallpox, which reflected the unanimous decision of WHO to give priority to smallpox eradication within the framework of the national plans of the very countries affected by the joint activities of UNICEF and WHO. He also drew attention to the suggestion of the WHO Executive Board that if the application of smallpox vaccination was subordinated to the development of basic health centres, it would perhaps result in smallpox vaccination being accorded the lowest priority. The WHO Assembly had requested the Director-General to seek anew, from various sources including UNICEF, the necessary resources to carry on the campaign.

139. The recommendation of the JCHP that the present type of UNICEF aid for smallpox be continued was approved by the Board.

BCG vaccinations

140. The JCHP considered in detail a document prepared by the WHO secretariat which reviewed BCG vaccination within the tuberculosis programme. The Committee expressed its firm conviction concerning the efficacy of BCG vaccination and reaffirmed the emphasis it had placed at its last session on the use of BCG vaccination within the context of comprehensive national tuberculosis programmes. 17/

141. The JCHP noted with satisfaction some of the new developments in support of BCG campaigns: simultaneous application of BCG and smallpox vaccinations, and omission of the tuberculin test in the young age groups as a necessary screening prior to BCG vaccination. Emphasis was laid on the importance of making BCG vaccination increasingly available to the youngest age groups through the maternal and child health services.

142. The JCHP hoped that mass BCG campaigns receiving UNICEF assistance would be integrated into health services as quickly as the development of permanent services permitted. The Committee recognized that integration would call for increasing use of freeze-dried vaccine of a high and uniform quality and recommended UNICEF assistance towards meeting that demand, whether in kind, or in the form of equipment and supplies for the development of a few strategically located production centres.

143. One representative stated that experts in his country were not in total agreement with the view of the Committee about the efficacy of BCG vaccination, but his delegation was prepared to accept the Committee's decision. It welcomed the emphasis placed on vaccination of the youngest age groups and hoped that that policy would be implemented as soon as possible. Although when proposed projects were presented to the Executive Board for approval it was stated that new-born or pre-school children would be vaccinated, requests for continuing support seldom gave a breakdown by age of the children vaccinated. He hoped that the Executive Director would provide that information in the future.

17/ See E/ICEF/444, para. 6

144. The Board endorsed the views of the JCHP with regard to BCG vaccinations.

Leprosy

145. As part of its programme for systematic assessment of major fields of aid, the Board had before it a review by the Director-General of WHO on jointly assisted leprosy control projects (E/ICEF/513). This report was reviewed in the first instance by the JCHP and its recommendations (see E/ICEF/509) as well as those of the Acting Executive Director (see E/ICEF/519), were before the Board. With an estimated total of 8.5 million cases in the world, leprosy remained an important problem, especially in Africa and Asia. New cases continued to appear and children ran a greater risk of contagion than adults. Control campaigns jointly assisted by WHO and UNICEF had been a major factor in introducing to endemic areas the use of sulfones (DDS). UNICEF had allocated nearly \$6 million for these campaigns over a twelve-year period. However, because of the slow action of anti-leprosy drugs and the long duration of treatment, it had proven difficult for most countries to keep patients under regular treatment over long periods.

146. The members of the JCHP expressed concern over the slow progress and, in some instances, the poor results of campaigns. WHO was developing a programme of research and study covering all aspects of leprology, particularly in regard to those measures which might bring early improvement in the control of the disease, such as improvement of chemotherapy and the development of immunizing agents. In addition, WHO was recommending the establishment of field demonstration or pilot areas for leprosy control in different parts of the world to improve the methodology and to adapt operational methods to local conditions. It was hoped that with the experience gained it would be possible to improve the efficiency of the leprosy-control programmes. A meeting of the WHO Expert Committee on Leprosy was planned for later in 1965. That Committee would review and evaluate all leprosy-control work, and it was hoped it would be able to recommend suitable improvements in the methodology for the control of leprosy. The JCHP was desirous of avoiding any setback in the long-term efforts needed for the control of leprosy. While awaiting the recommendations of the Expert Committee, it recommended that UNICEF assistance to leprosy-control programmes should continue, subject to their being supported by the public and given high priority and adequate assistance by the Governments involved.

147. The representative of WHO pointed out that leprosy control had to contend with many difficulties, including lack of health education, social and environmental problems, inadequate health services, political instability and a shortage of personnel and equipment. The usually long period of incubation, the prejudice against leprosy and the progress of urbanization were among the other factors which must be taken into consideration. The only way to overcome those difficulties rapidly would be to discover a new drug more effective than the sulphones. The results obtained in UNICEF/WHO-assisted leprosy-control projects had been assessed in various countries. It had been learned that, in spite of some irregularity of treatment, the leprosy-control projects had helped to reduce or arrest the progress of the disease and to reduce its infectiousness. WHO had given priority to research, with particular emphasis on research which might benefit children exposed to leprosy. The prevention of leprosy by BCG vaccination was being studied, and WHO had already carried out trials. It had also given special attention to such questions as the improvement of operational methods, the collection of data, recording systems, planning,

organization and evaluation; the establishment of priorities in the treatment of patients and the surveillance of contacts; regularity of treatment; and the co-operation of health services. Although many projects had not been as effective as might be desired, substantial progress had, on the whole, been made.

148. In the Board's discussion there was considerable support for the position stated by the UNICEF secretariat in document E/ICEF/519 that it would be important for the Board to review at its next session the criteria for assistance to leprosy and then to examine each campaign on the basis of those criteria. It was hoped that at its forthcoming meeting the WHO Expert Committee on Leprosy might indicate improved methods of leprosy control and also indicate clearly the level of effectiveness below which a campaign ceased to represent a good use of resources. Considerable emphasis was placed on the importance of further research by WHO.

149. Some delegations were concerned with the trend of the debate, which seemed to be towards the curtailment or even discontinuance of UNICEF aid for leprosy control. They pointed out that it would be a mistake to expect rapid results and Governments struggling with the problem should not be made to feel that UNICEF was abandoning them. A suggestion was made that UNICEF might give more help to Governments in their efforts to get patients to present themselves for treatment.

150. On the other hand, other delegations pointed out that while no one doubted the seriousness of the problem and the threat it presented to children, the practical difficulties of treatment could not be ignored. In view of the large sums already spent on leprosy control and the other claims on UNICEF's limited funds, UNICEF should assist only those projects where there was a reasonable degree of success. In taking such a decision, however, UNICEF should make it quite clear that it was not unsympathetic to the efforts being made by the countries concerned.

151. The Board approved the recommendations of the JCHP regarding the conditions under which UNICEF aid should be continued for leprosy control. It also agreed that pilot projects concerned with improved methodology might be aided. It reiterated its need for clear guidelines as to what constituted an efficient programme against which to evaluate continuing aid. It decided to consider the general problem again at its next session in the light of recommendations of WHO following the session of the Expert Committee on Leprosy.

The need to strengthen health components in nutrition programmes

152. WHO had presented to the JCHP a paper on the need to strengthen the health components in nutrition programmes (JCl4/UNICEF-WHO/6.65), which the Committee considered to be a major statement on the role of basic health services in the control of malnutrition in pre-school children.

153. The JCHP recognized that malnutrition in children of six months to three years constituted one of the most important and widespread public health problems in most of the developing countries today. That malnutrition consisted most often of protein-calorie deficiency, frequently accompanied by vitamin deficiencies (especially in certain areas) and often combined with infection and parasitic infestation. Programmes aimed at control of malnutrition in

pre-school children entailed the participation of many agencies and institutions as well as the community itself. Since the health aspects of those programmes were a major concern, they should be instituted, as far as possible, in areas where a reasonable network of health services existed.

154. The JCHP believed that in the control of malnutrition in pre-school children the most appropriate action of the basic health services would be the following: surveillance of the population at risk, using all possible channels available in the community; nutrition education of the population, particularly of mothers and young girls; supplementary feeding programmes, with milk or other protein-rich foods; early treatment and nutritional rehabilitation of mild and moderate cases of malnutrition; treatment of severe cases of malnutrition; and control of infection and parasitic infestation.

155. The general promotion of protective foods, conservation and related activities would be essential to ensure the effectiveness of the measures enumerated. The JCHP recognized the great importance of having available for pre-school children either skim milk or locally available protein foods. Particular attention was drawn to the value of developing new protein foods, especially for areas where milk production would remain inadequate for a long time. The Committee was concerned with the fortification of skim milk powder with vitamin A, a subject also of concern to the FAO/UNICEF Joint Policy Committee (see paragraphs 179-182).

156. The JCHP felt that in the future attention should not only be directed to problems of malnutrition in rural areas but also to those of pre-school children in urban, and particularly in fringe, areas. It recommended that in the control of malnutrition the highest priority should be given the pre-school child. The Committee was glad to note that in programmes for the improvement of nutrition in pre-school children, there was close collaboration between WHO, FAO and UNICEF. It considered that increased efforts were needed to give the planning authorities of Governments more complete advice on the importance of nutrition, which concerned health, agriculture and education ministries and required their co-ordinated action.

157. The JCHP recognized the major role in the control of malnutrition which basic health services, working in close co-ordination with all services which bore on the problems of nutrition, should play. It strongly recommended that all health workers should be trained in nutrition, as such training was required if programmes for protection against malnutrition were to be successful.

158. In the Board's discussion the view was expressed that the applied nutrition programmes, which were primarily the concern of FAO, should have a strong health component, and would be greatly strengthened where ministries of health co-operated actively with ministries of agriculture in their development and execution.

159. The Board endorsed the emphasis on strengthening the health components in nutrition programmes as set forth in the report of the JCHP (E/ICEF/509).

Agenda for the next session

160. The Board noted that two topics had been suggested for discussion at the next session of the JCHP, namely, parasitic infestation and fluoridation. These would be taken into account when the agenda of the next session was prepared by the secretariat of WHO and UNICEF.

VI. REPORT OF THE FAO/UNICEF JOINT POLICY COMMITTEE

161. The Executive Board had before it the report on the fifth session of the FAO/UNICEF Joint Policy Committee held from 31 March to 2 April 1965 (E/ICEF/510) and a note by the UNICEF secretariat (E/ICEF/512) on the Committee's recommendations concerning national planning for the food and nutrition needs of children, applied nutrition, new protein-rich foods, and milk conservation. 18/

Planning for the food and nutritional needs of children

162. The FAO/UNICEF Joint Policy Committee drew attention to various methods which countries could use in order to take account of the needs of children in planning a national programme for food and agriculture. 19/ It believed that this type of approach was one of the most effective ways of meeting the food and nutritional needs of children on a long-term basis and also provided a sound framework in which projects jointly assisted by FAO and UNICEF could be considered.

163. In the Board's discussion the idea of a methodology for taking account of the specific needs of mothers and children was commended. The hope was expressed that the forthcoming conferences on children in national planning to be held in Asia and Latin America would take the Joint Committee's work into account. While the importance of substantial aid in this field was recognized, it was also important to use all the resources available in the countries themselves.

164. In relation to this approach the note of the UNICEF secretariat suggested that studies should be continued of successful efforts to meet the food and nutritional needs of mothers and children in those countries which had already developed national food and nutrition policies. FAO and UNICEF should continue to offer, on request, assistance to countries trying to develop food and nutrition policies and programmes, especially those directed to the food needs of children and mothers, particularly in the low-income groups.

165. Since planning for food and nutrition fell within and across the competence of several functional ministries (such as health and social welfare, agriculture, education, and commerce) the note of the UNICEF secretariat recommended that joint FAO/WHO/UNICEF assistance might be provided to establish food and nutrition units in appropriate functional ministries and in central planning bodies. Assistance might also be given to the training of nutritionists in the economic aspects of planning and economist-planners in aspects of nutrition planning. In addition, FAO/WHO/UNICEF assistance should be continued to help countries seeking to strengthen existing national nutrition institutes, or to establish such institutes, some of which might serve more than one country. Assistance

18/ The Committee also discussed co-operation between UNICEF and the World Food Programme; see paragraphs 189-192.

19/ See E/ICEF/510, para. 11.

might be directed to orienting the activities of such institutes towards the development of national plans or programmes for the improvement of food and nutrition, with emphasis on the needs of mothers and children.

166. The Executive Board approved these recommendations in so far as UNICEF was concerned.

Applied nutrition projects

167. The objective of applied nutrition projects is to increase the consumption of protective foods by children and mothers of rural families. Aid has been given for surveys, nutrition training and education, gardening, fish culture and small-animal raising, and the fortification of foods with specific nutrients. The assistance given in the operational areas has as its purpose translating nutrition education of families into better nutrition practices by the families.

168. The Committee noted a number of encouraging aspects in the experience with the applied nutrition projects, as well as some difficulties. A comprehensive assessment of projects in this field is to be made by FAO, WHO, and UNICEF for consideration by the Committee and the UNICEF Board in 1967.

169. The Board noted that the Committee had requested that the working paper which had been prepared for it on criteria to govern UNICEF participation in the food production aspects of applied nutrition projects be revised to take account of a number of points raised in the Committee's discussion, particularly the question of how the child, as a family member, was to be ensured benefits from the implementation of the applied nutrition programme. The revised paper would assist field staff of the two agencies in preparing project proposals.

170. The Committee considered the prerequisites for planning, developing and evaluating applied nutrition projects. It recommended guidelines for future assistance to these projects (annex II), which were approved by the Board.

171. The Board recognized that in order to plan projects more effectively greater use of UNICEF project preparation funds might be required. Moreover, before a project was started, it might be necessary to give greater attention to the training of the national personnel who would serve in supervisory capacities.

Nutrition education and training

172. The Committee discussed nutrition education and training as an essential element in applied nutrition programme activities. It drew the Board's attention to the fact that at the higher levels education through conferences and seminars might be directed to senior planners and administrators and professional personnel, whose informed interest might be essential either to the proper implementation of major projects or to the formulation of national nutritional plans. At that level also, it might be necessary to strengthen national training institutions in disciplines such as extension work, nutrition, home economics, horticulture, animal husbandry and fisheries in order to produce the types of workers required for project activities. At the intermediate level, it might be necessary to provide for the orientation and refresher training of technical personnel in service with the government departments responsible for the

to children, it would be unrealistic to expect the food supplies to be restricted to the children. Continuing benefit to the child would be ensured only when sufficient food was being produced to enable village families to enjoy on a regular basis a more varied and nutritious diet than was their custom. It would be unrealistic to expect all families to be self-sufficient in their domestic food production. Many would need to supplement their available food supplies by certain items purchased in the village. Moreover, certain families would need to sell part of their production, such as eggs, chickens, fish or legumes, in order to obtain other essential items for the family. Many would require to purchase supplies to maintain their own food production efforts; e.g. the poultry-keeper would sell some of his eggs to obtain feed for his flock.

Preventing vitamin A deficiencies in children

179. The Committee called attention to the fact that vitamin A deficiency was a serious public health problem in many parts of the world, particularly among the lower income groups, and infants and children under three years of age. It accounted for the major proportion of preventable blindness in many developing countries and, occurring together with protein-calorie deficiency, made a considerable contribution to the mortality figures.

180. The Committee recommended the following guidelines for UNICEF aid in helping solve the problem:

(a) The most important basic approach to the problem of vitamin A deficiency is the education of mothers in the use of carotene-providing vegetables, fruits and vitamin-A-providing animal protein foods. Supplies of these foods need to be brought within the economic reach of all families. In rural areas this should be accomplished by increased local production and consumption of these foods.

(b) If possible, all skim milk powder distributed in developing countries should be fortified with vitamin A.

(c) Other measures, such as supplementing diets with vitamin A capsules or red palm oil, should be taken to meet immediate urgent needs.

181. In connexion with (b) above, UNICEF has sponsored studies on the means of fortifying milk powder to obtain a stable and acceptable product and has conducted field trials. For the past several years, UNICEF has fortified approximately one fourth of the skim milk powder it has shipped. The Board was glad to learn that the United States Government had begun to fortify with vitamins A and D the skim milk powder it provided for child-feeding abroad, including the powder distributed through UNICEF.

182. The Board approved the guidelines recommended by the Committee to prevent vitamin A deficiencies in children through increased production of local foods combined with nutrition education.

New protein-rich food programme and policies

183. In considering progress made in the development of new protein-rich foods, the Committee discussed the co-operation between FAO, WHO, and UNICEF in this field; the countries in which edible protein concentrates from soy, cottonseed, peanut and fish were commercially available or were in an advanced stage of development; and various aspects of the question of introducing foods containing these concentrates into the diets of children. The Committee supported the continuation of UNICEF assistance for the manufacture and distribution by commercial concerns of protein concentrates and nutritious mixtures based on these concentrates. At the same time the Committee recommended that FAO and UNICEF continue their efforts to investigate and develop cheaper, more palatable and more nutritious concentrates and mixtures. The UNICEF secretariat pointed out that UNICEF assistance for introducing weaning foods in developing countries would increase as new products became available. It also envisaged continuation of assistance in the training of national personnel.

184. The Committee set down a series of elements which should be included in action programmes in this field. In emphasizing the urgency to proceed into the industrial manufacture and marketing of protein concentrates and food mixtures which had been proved to be satisfactory, the Committee also recommended some guiding principles (see annex III), which were approved by the Executive Board.

185. In the Board's discussion a number of questions were raised regarding the extent of UNICEF and FAO co-operation with private commercial enterprises in the production and distribution of new food products. In answering specific questions the UNICEF secretariat also brought out that co-operation between Governments, private enterprises, and various international bodies was still in its infancy and was being studied with a view to achieving maximum effectiveness.

Milk conservation

186. The Committee reviewed a working paper on socio-economic effects of dairying in developing countries, 20/ which indicated that generally favourable results in both the economic and social fields, including substantial benefits to children, had accrued from the joint FAO/UNICEF-assisted projects reviewed. This paper was in the nature of a preliminary progress and assessment report. A more complete report will be prepared for consideration at the Board's 1966 session.

187. Recognizing that some of the assisted plants were operating below capacity because of a shortage of local milk available to them, and in some places a shortage of skim milk powder for "toning" purposes, the Committee recommended joint FAO/UNICEF assistance to rural milk development in milkshed areas, which were already serving, or were scheduled to serve, FAO/UNICEF-aided milk conservation programmes. Implementation of this recommendation should result in more milk becoming available to the plants. In the Board's discussion the point was made that it was important, in future milk conservation schemes, to ensure that sufficient milk would be available.

20/ Subsequently included in E/ICEF/CRP/65-9.

188. The Board approved a policy for assistance to rural milk production. This policy is reproduced in annex IV.

Use of world food surpluses for the benefit of children

189. The Board discussed the use of world food surpluses for the benefit of children within the context of the World Food Programme (WFP) and bilateral aid agencies. The FAO/UNICEF Joint Policy Committee had discussed co-operative relations between UNICEF and the World Food Programme 21/ and the UNICEF secretariat had prepared a note on the question generally (E/ICEF/524).

190. During the first two years of operations of the WFP, efforts to develop feeding programmes for mothers and children did not progress as far as intended because the WFP could enter into only short-term agreements. The WFP and UNICEF were, however, able to achieve a measure of success in co-operation on joint projects in several countries in the milk conservation field and in the development of protein food mixtures. It was expected that this collaboration could be considerably increased as the WFP entered its new phase of activities.

191. The Executive Board believed that collaboration between UNICEF and the WFP could help considerably with problems of child nutrition and it endorsed the following main areas of collaboration which had been studied and discussed by the Executive Directors of WFP and of UNICEF:

(a) Milk conservation programmes: The WFP would supply dried skim milk powder for the reconstitution and the sale of liquid milk for the benefit of low income and/or vulnerable groups of the population, with the purpose of stimulating local milk production. FAO and UNICEF would continue to provide technical assistance and dairy equipment, transport, etc.

(b) Increase of milk production by improving cattle feeding: The WFP would provide feed for the direct feeding or production of feed concentrates for cattle.

(c) Primary school feeding programmes: The WFP is prepared to assist Governments which indicate their willingness to organize feeding programmes on a wide scale for primary school children, with the full participation of the community and parents. Such programmes could be assisted on a long-term basis (five years) provided some further technical assistance in the form of canteen equipment, teaching material, transport, school garden equipment and technical guidance were given by UNICEF and FAO. It may be of interest to consider five or six country-wide school programmes, well organized and properly staffed for joint WFP/UNICEF/FAO assistance.

(d) Post-primary school feeding and institutional feeding programmes: The WFP also envisages extending its activities at the post-primary level, with the technical guidance of UNESCO and ILO. The assistance of FAO and UNICEF would also be needed to improve the existing facilities on which these programmes could develop. It is understood that food aid at this level is a direct contribution to economic development.

(e) Pre-school feeding: The Joint United Nations/FAO Inter-Governmental Committee for the World Food Programme, at its seventh session, stressed the need for implementing projects particularly when related to pre-school and school

21/ See E/ICEF/510, paras. 70-73.

VII. CERTAIN POLICY QUESTIONS

Special assistance

193. In 1964 the Director for Africa suggested to the Board the need to adapt UNICEF's traditional ways of assisting countries to the special situation in countries at the earliest level of development. This arose from the fact that a number of countries which were in the greatest need were the least able to make use of UNICEF assistance under the terms on which it had been available in the past. These countries lacked a strong administrative structure, trained personnel and budget resources for services benefiting children and youth. The Board authorized the secretariat to explore the subject more deeply and to bring forward to the June 1965 session recommendations concerning this special form of assistance, together with one or two projects illustrating a new approach to these special needs.

194. The UNICEF secretariat informed the Board that following the June 1964 session, a number of exploratory discussions had been held with African Governments, with specialized agencies and with sources of bilateral aid. Planning for children and youth in national development had still to be accorded high priority in most developing countries. For those with the least resources and the greatest range of needs, there might be genuine reluctance to assume the financial obligations which were required by even the most generous external assistance. The problem was more complicated than had been originally thought and it became clear that considerable time and effort were required to secure the co-operation of all parties concerned, to agree on priorities, and to work out practical plans for UNICEF aid along new lines. For these reasons no recommendations for individual projects were ready for submission to the June 1965 session.

195. The Board authorized the Executive Director to continue exploration along the following lines as a basis for developing specific projects to bring forward to the Board:

(a) Countries requiring special assistance would be those at the earliest stage of development, lacking the basic administrative structures to provide services to children, and with a critical shortage of the trained personnel needed to help children. The number of such countries would not be great.

(b) A primary objective would be to help create in a country a basic structure through which services for children could be provided. This would mean concentrating in the first instance on one departmental structure (e.g. health or education), probably in a limited area of the country.

(c) UNICEF aid might be extended to include not only a wider range of supplies but also a larger share of local operating costs in order to make the project fully operative, with the help of whatever other income could be obtained. This aid might be provided over a longer period than had been customary on the condition that operating costs were provided on a gradually decreasing scale.

(d) An effort should be made to associate bilateral or multilateral aid with such a plan, for its entire duration. These other sources of aid might provide capital costs of buildings as well as share operating expenses. Bilateral or multilateral sources might also provide personnel.

(e) Other United Nations agencies would be consulted in the early stages in the development of such a project; and their advice and assistance in the project would be sought.

(f) Any such project must represent a high priority for the Government, so that sufficient national resources would be assigned to it. The country must be able to take over local costs gradually in a period of up to ten years so that an indigenous structure for permanent services might be established.

Criteria for post-disaster aid

196. The Board had decided to discuss at its present session criteria for post-disaster aid, particularly the distinction between immediate aid and aid for rehabilitation following a natural disaster. It had before it a note from the secretariat on this subject (E/ICEF/517).

197. The Board recognized that in view of the many public and private institutions which stood ready to offer a country immediate emergency relief, it would be better for UNICEF to concentrate in its post-disaster aid on the restoration of services for mothers and children. This was the type of aid which fitted into UNICEF's basic objectives and tended to be neglected by agencies more concerned with the rapid alleviation of suffering in an emergency situation.

198. UNICEF had, however, been able to help occasionally with rapid emergency aid, in particular through the provision of vaccines, sera, drugs and light equipment for the control or prevention of sudden epidemics of disease. For this purpose the Executive Board had established an Emergency Aid Reserve Fund of \$50,000 to be used at the discretion of the Executive Director between Board sessions.

199. The Board decided that it would be useful to make a distinction in its provision of post-disaster aid between emergency aid and restorative aid. It adopted the following policy for post-disaster aid:

1. Emergency aid

(a) Disaster relief in the immediate post-disaster period may be provided on a limited scale and only in exceptional cases where UNICEF is in a unique position to help. Requests for such aid should normally be made within three months of the disaster.

(b) To permit the prompt provision of aid in small emergencies, such as threatened epidemics, the Emergency Aid Reserve Fund to be used at the discretion of the Executive Director between Board sessions should be set at a level of \$100,000. If necessary, the Executive Director may undertake over-expenditures not exceeding an additional \$100,000.

2. Restorative aid

(a) Long-term measures to meet children's needs have overriding priority in the allocation of UNICEF resources.

(b) Consequently, when asked for post-disaster aid, UNICEF will give preference to the restoration of permanent services for mothers and children.

(c) In the restoration of services, priority will be given to projects already assisted; and, within such projects, to the restoration of equipment or supplies which UNICEF has previously given to a project.

(d) Proposals for the restoration of permanent services should, so far as feasible, be planned and reviewed in the normal way with Governments and with the technical agencies of the United Nations. When such proposals lie outside a project already assisted by UNICEF, the technical approval of the United Nations agencies should be sought before a recommendation for UNICEF assistance is made to the Executive Board.

(e) The Executive Board will take a decision on post-disaster restorative aid by mail poll only when the seriousness of the situation requires that the decision not be deferred until the next scheduled session of the Board.

200. In order to bring the Emergency Aid Reserve Fund to \$100,000 from its balance of \$38,500, the Board allocated a sum of \$61,500.

201. In the Board's discussion the importance of co-ordination of the work of relief agencies was stressed and the measures taken by the UNICEF secretariat in this connexion were commended. The representative of the International Union for Child Welfare emphasized that care must be taken in emergency aid to safeguard the long-term interests of children (for example, prevention of the separation of young children from their families) and urged that UNICEF use its influence to that end. 22/

Applied research on problems of children and youth in developing countries

202. The Board had before it a note by the UNICEF secretariat summarizing the previous experience of UNICEF in assistance to applied research, and suggesting some criteria for future aid in this field on the basis of that experience (E/ICEF/514). Applied research, which was research directed to the solution of immediate practical field problems, had been aided by UNICEF in the past in a relatively modest way, in the form of surveys, project assessments, demonstrations, field trials and pilot projects. It had not been UNICEF practice to give aid to basic or fundamental research.

203. In the Board's discussion there was general agreement that while research should not become a major preoccupation of UNICEF, it was desirable for UNICEF

22/ See E/ICEF/NGO/92.

to continue to support the efforts of Governments to deal with changing needs and problems, and to solve urgent problems having a direct impact on services for mothers and children, through the use of the best available techniques. It was recognized that there would be some difficulties in determining the particular instances in which UNICEF support could appropriately be given, but those difficulties might perhaps be lessened as experience was accumulated. The regional seminars on planning for children and youth in national development should provide guidelines on the nature of applied research which might be appropriate in that field. Several delegations believed that UNICEF should give greater support to applied research in social paediatrics. It was important to find competent planners to prepare applied research projects, particularly those to be undertaken in developing countries, as otherwise much time, effort and money might be wasted. Care should also be taken to ensure that the findings of applied research projects would have broad practical values of significance to a number of countries. UNICEF field representatives should be encouraged to report any information they had on good research facilities in developing countries in fields of interest to UNICEF. UNICEF should be aware of current research on problems of children and youth, and should encourage the competent agencies and institutions to undertake new research. The representatives of FAO, UNESCO and WHO stated that their agencies were ready to co-operate with UNICEF in its aid for applied research.

204. The Board adopted the following guidelines for UNICEF aid to research:

(a) Long-term basic research (sometimes called "fundamental" research) should not receive UNICEF assistance.

(b) When questions arise out of projects which UNICEF is assisting to which research could make a useful contribution, the Executive Director should draw them to the attention of whatever authorities may be interested in sponsoring the necessary research.

(c) UNICEF may itself give some assistance to applied research, which should be at the practical rather than at the theoretical level. The research should be related to practical problems, the solution of which can bring direct benefits to a significant number of children and youth in a reasonable period of time.

(d) Whenever possible, such applied research should be undertaken in a developing country. However, some problems require investigation in countries with highly developed facilities, and some technical problems are usefully examined in both industrialized and developing countries.

(e) Maximum use should be made of whatever United Nations agencies, including the regional planning institutes, are willing to contribute.

(f) UNICEF aid to applied research should be a subordinate and small part of UNICEF assistance in general.

VIII. REPORT OF THE COMMITTEE ON ADMINISTRATIVE BUDGET

205. The Executive Board had before it the report of the Committee on Administrative Budget on its thirty-fourth session (E/ICEF/AB/L.54) ^{23/}, dealing with 1964 financial reports, planning the use of UNICEF's financial resources, administrative and operational services budget estimates, greeting card budget estimates, and the revolving fund for UNICEF public information. These matters are discussed below, with the exception of planning the use of UNICEF's financial resources, which is discussed in paragraphs 28-33.

UNICEF financial reports for 1964

206. The Board noted that the Committee had reviewed and approved the financial report of the Executive Director for 1964 (E/ICEF/AB/L.47) and a report showing administrative and operational service expenditures for 1964 (E/ICEF/AB/L.49). The Board noted the return of \$181,605 to the general resources of UNICEF, representing the unobligated balance of the administrative and operational services budget for 1964.

Ratio of administrative and operational service expenditures to total expenditures

207. The ratio of administrative expenditures to total expenditures was 5.2 per cent in 1964 and operational service expenditures was 9.4 per cent of total expenditures. Because of the decline in UNICEF expenditures for assistance in 1965 and 1966, without a corresponding decline in expenditures for administrative and operational services, the ratios were expected to rise to 6 per cent for administrative services and 12 per cent for operational services in 1965 and 1966.

208. Some members expressed concern at the rise in the ratios and believed that it was essential to institute a tighter control on administrative and operational services expenditures. Other members did not want UNICEF to reduce its administrative and operational service costs at the expense of ensuring effective use of UNICEF aid. It was generally recognized that the unfavourable ratio was the result of the failure of UNICEF income, and hence assistance expenditures, to increase as rapidly as had been hoped. A number of delegations pointed out that the essential remedy was an increase in income which would allow assistance to be expanded.

209. The Deputy Executive Director (Operations) recalled that during the years when the ratio was decreasing, the secretariat had consistently pointed out that as an arithmetical expression the ratio depended very largely on the sums spent on assistance in a particular year, rather than the smaller and less variable sums

^{23/} Initially issued in two parts as E/ICEF/AB/L.54 (Provisional) and E/ICEF/AB/L.54/Add.1 (Provisional).

spent on administrative and operational services. Moreover, the workload of the agency included a number of qualitative factors not reflected in expenditures on assistance. As a result of Board decisions, the staff was devoting more time to the preparation of projects which involved several ministries or departments and were related to national development programmes. Moreover, assistance to training, which now amounted to one quarter of UNICEF assistance, naturally required more of the staff's time than the delivery of quantities of standard supplies for disease control campaigns, etc. The Board had also requested the UNICEF secretariat to give greater attention to the co-ordination of UNICEF aid with that of bilateral and multilateral agencies, and to encouraging those agencies, as well as voluntary agencies, to give more support to programmes of benefit to children. These useful activities added to administrative cost, but not to the volume of UNICEF assistance against which it was measured.

Report of the Board of External Auditors

210. The Committee on Administrative Budget had examined in considerable detail the report of the Board of Auditors to the General Assembly on the audit of the accounts of UNICEF for the year ended 31 December 1964. The following excerpt from the report of the Board of Auditors contains this substantive comment on the accounts of 1964:

"As a result of audit findings for the fiscal year under review, the Board reports the following facts:

"(a) The Malaria Eradication Programme has suffered setbacks due to the poor quality of the product (DDT) used. UNICEF has taken steps on this matter, but the causes of low suspensibility of the product have as yet not been established and the difficulties still exist.

"(b) No claims have been filed with the suppliers for indemnification for the damages caused to the programme.

"(c) The powder or detergent used as an additive improved the suspensibility of the DDT, but there is no specific proof that the product so modified has full power to combat malaria.

"(d) Despite the fact that full strength of the DDT supplied has not been guaranteed, the product continues to be bought from the same supplier and shipped to assisted countries." 24/

211. In its detailed consideration of this comment, which it considered to be serious, the Committee had the benefit of the presence of several experts, whose statements were summarized in annexes I-IV of the Committee's report to the Executive Board (E/ICEF/AB/L.54).

212. The Committee reviewed the background and history of the problem, including the steps in the manufacture of the DDT formulations, the extent to which there was evidence of loss of suspensibility and the steps which were taken to restore

24/ See E/ICEF/AL/L.47/Add.1, para. 3.

suspensibility, logistic and other field difficulties, the joint action taken by UNICEF and other agencies purchasing DDT and the manufacturers involved, and the question of modified specifications for the product.

215. The Committee's comments on the audit findings, based upon this review, are set forth below (with comments numbered to correspond with those of the audit findings):

(a) The malaria eradication programme has not suffered "setbacks" but considerable inconvenience and additional work, because:

- (i) Under 3 per cent of the material supplied has been reported of low suspensibility, and this has not been concentrated in any particular area;
- (ii) The suspensibility can be restored by soaking in water for up to forty-five minutes, or by adding a small quantity of detergent, and the material has been made usable by these means.

While the scientific causes of low suspensibility have not been completely established, the specification has been altered and practical measures taken to deal with the problem. It is impossible to assess these measures because less than six months have elapsed since the shipments have been made of material produced under the new specification in use since 14 January 1965.

(b) The suppliers have been officially informed of the difficulty, but since the material met the tests specified at the time of delivery, against which it was bid, the Office of the Legal Counsel of the United Nations has advised that UNICEF does not at this time have the basis for a claim for damages.

(c) DDT 75 per cent water dispersible powder is purchased against specifications requiring a 75 per cent content of technical DDT and certain performance tests. The formulator adjusts the 25 per cent of dispersing agents, etc. to meet these tests; their chemical content is not specified by the purchaser. In practice, it contains about 2 per cent of wetting agent (Igepon T77) which is a form of detergent. The addition of a small further quantity of detergent does not modify chemically the technical DDT.

The killing power of insecticide as sprayed on walls is regularly tested by laboratories and by entomologists working in national campaigns. The Communicable Disease Center of the United States Public Health Service has tested the insecticidal power of DDT powder after the addition of detergent and has found it unimpaired. The representative of WHO stated that no complaint had been received about the lack of insecticidal power of the DDT supplies, and there was no indication of any reduction.

(d) The product of other formulators supplied to the United States Agency for International Development (AID) has also contained a small quantity of material that has not maintained its suspensibility in the field. There was no reason to withhold the bid from any reputable supplier. UNICEF has continued to purchase from the supplier bidding the lowest price. Bids are submitted sealed, and are opened and read publicly. In fact all bidders and also an internal auditor were present at the bid openings in 1963 and 1964. The recommendation of the Supply Division has,

of course, to be approved by UNICEF's Contract Committee. The lowest bidder in both 1963 and 1964 was a firm producing 60 per cent of the total production of technical DDT in the United States. The United States General Services Administration has also continued to purchase from this supplier for AID.

214. The Committee concluded that the UNICEF secretariat had taken the problem seriously. Loss of suspensibility is only one of the factors with which Governments, WHO and UNICEF are concerned in order to ensure as far as possible the success of the campaigns. Amongst other factors were the malariological aspects, particularly concerning the behaviour of the mosquito vector and resistance to insecticides, the training and conscientiousness of the spray teams, the adequacy of the local budget, logistics and transport maintenance and surveillance. The attention given in campaigns to the reported loss of suspensibility should correspond to its relative importance among these other factors. To UNICEF, as a supplier, it is, of course, very important.

215. In summary:

(a) It has not been proven that the programmes have "suffered setbacks due to the poor quality of the product (DDT) used". So far, the DDT as such has not been in question - only the loss of suspensibility of a rather small proportion of the 75 per cent water dispersible powder.

(b) With regard to filing a claim with the suppliers, the material supplied complied with the specifications against which it was bought.

(c) The suspensibility has nothing to do with the insecticide power of the DDT. The added detergent does not alter its chemical properties.

(d) UNICEF has adopted a modification of the WHO specification which strengthens it, but has continued to buy from the lowest bidder especially as the problems of suspensibility have been found by UNICEF or by AID in the product of all suppliers.

216. In the light of the above the Executive Board unanimously approved the following conclusions:

(a) There was no defect in purchasing procedures and there was no implication of irregularity or negligence.

(b) The substantive problem of the quality of DDT formulations is a technical problem which seems to involve the strengthening of specifications. The Board is confident that the forthcoming meeting of the WHO Expert Committee on Insecticides (October 1965) will bring an important contribution to the solution of the problem.

217. The Board decided that these conclusions should be reported to the Fifth Committee of the General Assembly for its information at the time it was considering the report of the Board of Auditors and that the attention of the members of the Fifth Committee should be directed to the fuller information available in the report of the Committee on Administrative Budget. 25/

25/ See E/ICEF/AB/L.54, paras. 15-50.

218. The Board noted that the Committee believed it important for the Chairman of the Board together with the Chairman of the Programme Committee and of the Committee on Administrative Budget to follow this question closely and keep informed of developments. The Chairman of the Board stated that she intended to invite other Board members especially interested in keeping abreast of this problem in all its aspects to join the three Chairmen. The matter would be fully reported to the Board at its next session.

1965 administrative and operational services budget estimates

219. The Board allocated \$3,537,600 to cover the costs of administrative and operational services for the last six months of 1965 as set forth in the budget previously approved by the Board. It noted that the Committee on Administrative Budget had authorized the Executive Director to transfer funds, up to a maximum of \$50,000 from section 1 (Salaries, wages, and common staff costs) to section 2 (Other expenses and permanent equipment) if necessary. 26/

1966 administrative and operational services budget estimates

220. As stated in paragraph 224, the Board approved an administrative and operational services budget for 1966 as set forth in document E/ICEF/AB/L.45, providing \$2,526,000 (gross) for administration and \$4,689,800 (gross) for operational services, making a total of \$7,216,000. The total net budget amounted to \$6,566,000 after deducting estimated net revenue. The increase over 1965 in the gross budget was \$140,800, or 2 per cent. Owing to rising costs, this budget represented a small decrease in real terms.

221. As compared with 1965 the budget for 1966 provided for a net decrease of four international posts and a net increase of seven local posts financed by UNICEF. It provided also for a net decrease in ten local posts financed by assisted Governments. Various new requirements for international posts at Headquarters and in the field would be met by transfers, in some cases without replacement. Because of the estimated decline in UNICEF expenditures in 1965 and 1966 of from 10 to 15 per cent as compared to 1963 and 1964, this was a "standstill" budget.

222. The total number of established posts in the 1966 budget estimates included 184 international posts (71 at Headquarters and 113 in the field); 337 local posts financed by UNICEF (119 at Headquarters and 218 in the field); and 226 field posts financed by assisted Governments. The total number of posts financed by UNICEF was 521. Local professional posts continued to play an important part in the staffing scheme; provision was made for 59 such posts (25 financed by UNICEF and 34 financed by assisted Governments).

223. The Board approved the recommendations of the Committee on Administrative Budget. It noted, however, that in reviewing the budget, members of the Committee on Administrative Budget had made a number of comments regarding considerations to be taken into account by the Executive Director in the preparation of future budget estimates. These are set forth in the Committee's report. 27/

26/ Ibid., para. 84.

27/ Ibid., paras. 72-75.

224. The Board adopted the following resolution with reference to the administrative and operational services budget estimates for 1966:

A

Budget appropriation for the financial year 1966

The Executive Board resolves

1. That for the financial year 1966 appropriations totalling \$US7,216,000 are approved for the following purposes:

	<u>US dollars</u>
Section 1: Salaries, wages and common staff costs	6,268,500
Section 2: Other expenses and permanent equipment	<u>947,500</u>
TOTAL APPROPRIATION	<u>7,216,000</u>

2. That the Executive Director be authorized to administer as a unit the provisions under each of sections 1 and 2. Transfers between these sections may not be made without the prior authorization of the Committee on Administrative Budget.

B

Income estimates for the financial year 1966

The Executive Board resolves

That for the financial year 1966 estimates of income totalling \$US650,000 are approved as follows:

	<u>US dollars</u>
Income from staff assessment (net)	630,000
Other income	<u>20,000</u>
TOTAL INCOME	<u>650,000</u>

C

Financing of appropriation for the financial year 1966

The Executive Board resolves

That for the financial year 1966 budget appropriations totalling \$US7,216,000 shall be financed as follows:

	<u>US dollars</u>
By allocation at its June 1965 session	3,608,000
By allocation at its June 1966 session	<u>3,608,000</u>
TOTAL APPROPRIATION	<u>7,216,000</u>

Greeting Card Fund

225. The Board noted that the Committee on Administrative Budget had approved the budget of the Greeting Card Fund for the 1965 season (1 September 1965 to 31 August 1966) of \$1,859,550 (gross) as detailed in the estimates submitted (E/ICEF/AB/L.50). The Committee had also authorized the Executive Director to spend an additional amount of up to 10 per cent of the gross budget, if necessary, to meet the costs of expanded production and sales, should the apparent demand before and during the season increase beyond the present forecast. It had also authorized the Executive Director to transfer budgetary funds between allotment accounts as required. In view of the necessity of entering into commitments for the 1966 season in advance of the beginning of the financial year (1 September 1966), the Executive Director had also been authorized by the Committee to spend an amount not exceeding \$1,250,000 as an advance from the 1966 budget.

226. The revised estimates of the net income of the Greeting Card Fund for the 1964 season was \$2.4 million compared with \$1.7 million in 1963 and \$1.6 million in 1962. The net income for the 1965 season was estimated at \$2.8 million. The sales target for the 1965 season is 45 million cards, an increase of 7 million over the estimated number sold in 1964. An estimated total of 350,000 UNICEF engagement calendars was sold in the 1964 season. It is estimated that 400,000 of the 1966 calendars will be sold during the 1965 season. The Board noted that suggestions were made in the Committee on Administrative Budget regarding examination by the secretariat of extending the practice of printing cards in more countries, in certain circumstances.

227. The Board expressed its appreciation of the impressive record of sales and profits of the Greeting Card Fund, much of which was attributable to the efforts of UNICEF National Committees and many volunteer workers, to whom the Committee expressed its gratitude.

228. The Board noted that the Committee on Administrative Budget had reviewed and approved the accounts of the UNICEF Greeting Card Fund for the period 1 September 1963 to 31 August 1964 (E/ICEF/AB/L.48) and had noted the report of the Board of Auditors on these accounts (E/ICEF/AB/L.48/Add.1).

Revolving Fund for UNICEF Public Information

229. The Board noted that the Committee on Administrative Budget had reviewed a report on the Revolving Fund for UNICEF Public Information (E/ICEF/AB/L.51). As a supplement to the public information provisions in the regular budget, the Revolving Fund balances the revenues from a number of projects with profit margins against those that recover only production costs or result in losses. At the end of 1964 the balance in the Fund was \$73,000, an amount of \$13,000 over the \$60,000 principal established by the Committee on Administrative Budget. The Committee decided to retain the principal at \$60,000 but authorized the Executive Director to use the 1964 surplus to help continue various activities in progress in 1965.

IX. RELATIONS WITH NATIONAL COMMITTEES AND
NON-GOVERNMENTAL ORGANIZATIONS

230. The Board heard reports on the eleventh annual meeting of the European National Committees for UNICEF held at Montreux, Switzerland, from 10 to 13 May 1965, and on the work of the United States and Canadian National Committees. With the formation of the National Committees in Australia and New Zealand there were now twenty-one UNICEF National Committees. The Board was deeply appreciative of the important role of the National Committees in increasing public understanding of children's needs in developing countries. It welcomed evidence of the way in which the the National Committees were strengthening and extending their work in educating the public and government officials, and in sponsoring fund-raising efforts from private sources. (See paragraphs 15, 19, 20, 21.)

231. Since 1960 the membership of the Non-Governmental Organizations Committee on UNICEF had increased from sixty to seventy-three. This evidence of interest in the work of UNICEF was heartening to the Board, which recognized the valuable role of many non-governmental agencies in improving the lot of children and in informing the public about their needs. At its current session the Board heard a statement by the Chairman of the Non-Governmental Organizations Committee on UNICEF (E/ICEF/NGO/90), statements on reaching the young child by a group of twenty-five international non-governmental organizations and by two individual organizations (see paragraph 35), and statements on other substantive questions from several non-governmental organizations.

X. PREPARATION FOR THE NEXT SESSION OF THE EXECUTIVE BOARD

Review of decision to hold one Board session a year

232. In January 1964 the Board decided to hold one session a year, normally in June, but agreed that this decision would be subject to review at the June 1965 session in the light of the experience gained up to that time. A paper by the secretariat (E/ICEF/516) revealed that no particular difficulties had arisen from the point of view of the requesting Governments or the co-operating technical agencies, or with respect to the workload of the UNICEF staff. The Board confirmed its previous decision to hold one regular Board session a year, normally in June.

233. The suggestion was made that it would be desirable to hold the annual election of the Board's officers and committees during the Board's regular session. The Executive Director was requested to study this possibility, including its legal aspects.

234. In view of the fact that there would be a one-year interval between policy sessions of the Board, emphasis was laid, in the Board's discussion, on the importance of efforts by the Executive Director and members of the Board to keep in touch with each other informally. In that connexion the opening statement of the Executive Director that he would seek the advice and guidance of Board members informally as well as formally (see paragraph 8) was welcomed. Several delegations suggested that the Executive Director might consider establishing ad hoc working groups which might be concerned with new and important problems arising between sessions. Other delegations stressed that it was essential not to undermine the responsibility of committees or officers and that it was necessary to bear in mind the respective responsibilities of the Executive Board and the Executive Director.

Review of experience with the conduct of business

235. In the course of the session a number of suggestions were made with regard to improving the conduct of the work of the Executive Board and its committees. Both the Committee on Administrative Budget and the Programme Committee expressed their dissatisfaction at the late circulation of many documents. It was difficult in the circumstances for representatives to be fully briefed and to engage in the type of debate which the importance of their responsibilities justified.

236. The Board requested the Executive Director to ensure that documents were circulated to the Board and its committees at least six weeks in advance of the opening of their sessions. The Board also approved a series of proposals of the Programme Committee regarding the format and organization of documentation for the Committee and the order of its review of project recommendations. These are set forth in the Committee's report. 28/

28/ See E/ICEF/P/L.637, paras. 126-131.

Holding of 1966 session in Africa

237. The Board accepted with gratitude the generous invitation of the Imperial Government of Ethiopia to hold its 1966 session at Addis Ababa. It would now be able to pay special attention to the needs of the children of Africa, as it had done for the children of Asia when it had held its January 1964 session at Bangkok. Plans were under way for representatives on the Board to take one-week observation trips prior to the session, upon the invitation of a number of African countries; and for a special three-day meeting under the auspices of the Board, to be held immediately before the Board's session.

238. African Governments receiving UNICEF aid would be invited to participate in the special three-day meeting and would also be invited to send observers to the Board's session. UNICEF would approach several African countries with the request that they prepare country case-studies for the special meeting and would invite the heads of the planning organizations in the countries concerned, or key officials in such agencies, to present the studies to the meeting. In addition UNICEF would invite several African experts with a special interest in national development problems, or in children and youth, to participate in the special meeting. The technical agencies of the United Nations family, the Economic Commission for Africa, the African Institute for Economic Development and Planning, the International Bank for Reconstruction and Development and other multilateral and bilateral assistance organizations active in Africa, would also be invited to attend. The purpose of the special meeting would be to:

(a) Discuss the problems of children and youth in the context of national development in Africa, and ways of solving these problems by using the available resources to better advantage;

(b) Examine national experience in Africa in meeting children's needs within development plans;

(c) Discuss maximum use and co-ordination of multilateral and bilateral assistance for children and youth in African countries.

239. The Government of Ethiopia will make available certain conference facilities and a sum equivalent to \$50,000 to cover the extra cost to UNICEF of holding its Board session away from Headquarters. The cost to UNICEF of financing country case-studies and the participation of selected African officials and experts in the special meeting is estimated at \$15,000. This sum will be charged to the allocation for country planning and project preparation approved by the Executive Board in 1964.

240. The schedule of meetings is as follows:^{29/}

Programme Committee, 9-13 May;
Committee on Administrative Budget, 13-14 May;
Special meeting on needs of African children, 16-18 May;
Board session, 19-28 May.

^{29/} This schedule was fixed by the Chairman of the Executive Board after the close of the June 1965 session, following consultations with various Governments concerned and with the UNICEF secretariat.

A N N E X E S

ANNEX I

ATTENDANCE

Members

- Chairman: Mrs. Zena Harman (Israel)
Afghanistan: Mr. Farouk Farhang
Belgium: Mr. Hilaire Willot, Mr. André Onkelinx
Brazil: Dr. Rinaldo de Lamare, Mr. Paulo Pires do Rio
Canada: Mr. Joseph W. Willard, Mr. Gilles Grondin
Chile: Mr. Javier Illanes, Mrs. Elsa Wiegold
China: Mr. P.Y. Tsao
Ecuador: Mr. Hugo Jativa
Federal Republic of Germany: Dr. Wolf-Dietrich Germer, Mr. Guido Brunner
France: Dr. Robert Debré, Mr. Michel Combal
India: Mr. Narendra Singh, Mr. S.K. Singh, Mr. I.A. Sajjad
Mexico: Dr. Guillermo Suarez Torres, Dr. Miguel E. Bustamante,
Mrs. Mercedes Cabrera
Morocco: Dr. Abdel Hamid Ben Yakhlef
Pakistan: Mr. Ehsan-Ul Haq Enver
Philippines: Dr. Clemente S. Gatmaitan, Mr. Antonio Uy
Poland: Dr. Boguslaw Kozusznik, Mr. Franciszek Czajkowski
Senegal: Dr. Gabriel Senghor, Mr. Abdou Ciss
Spain: Dr. Juan Bosch-Marin, Mr. Don Pedro Temboury
Sudan: Mr. Osman Hamid
Sweden: Mr. Nils Thedin, Mr. Per-Olof Forshell
Switzerland: Mr. Hans Conzett, Miss Francesca Pometta
Thailand: Dr. Phon Sangsinkeo, Mr. Abhai Chandavimol, Mr. Xujati Pramoolpol,
Mr. Sakon Buranawanit
Tunisia: Mr. Mohamed Birakdar, Mr. Mohamed Chakchouk
Turkey: Dr. Ihsan Dogramaci, Mr. Selcuk Tarlan
Union of Soviet Socialist Republics: Dr. Fedor Zakharov, Dr. Dimitri D. Venediktov,
Mrs. L. Tcherkassakaya
United Arab Republic: Mr. Badrawy M. Fahmy, Mr. Mahmoud Aboul Nasr
United Kingdom of Great Britain and Northern Ireland: Mr. John G. Taylor,
Mr. A.H. Tansley
United States of America: Mr. P. Fred DelliQuadri, Dr. Katherine Bain,
Miss Blanche Bernstein
Yugoslavia: Mrs. Branka Savic, Mr. Zoran Lazarevic

Government Observers

Australia: a/ Mr. James C. Ingram
Ethiopia: a/ Ato Yohannes Tseghe
Peru: a/ Mr. Jorge Pablo Fernandini

United Nations

Department of Economic and Social Affairs of the United Nations Secretariat:
Miss Julia Henderson, Miss Martha Branscombe, Miss Phyllis Burns,
Miss Aida Gindy
Technical Assistance Board: Miss Jane Weidlund

Specialized agencies

International Labour Organisation (ILO): Mr. Philip Blamont, Mr. Ahmed Rahman,
Mr. L. Segovia
Food and Agriculture Organization of the United Nations (FAO): Mr. Joseph L. Orr,
Mr. Morris A. Greene, Dr. François Rémy, Mr. Philip Thomforde,
Dr. Leon-Marie André
United Nations Educational Scientific and Cultural Organization (UNESCO):
Mr. Jean Guiton, Mr. Conrad Opper
World Health Organization (WHO): Dr. Lucien Bernard, Dr. Rodolphe L. Coigney,
Dr. Stanislas Flache, Dr. Estella Budiansky, Dr. L. Bechelli, Dr. J. Bengoa

Other

International Children's Centre: Dr. Etienne Berthet

Non-governmental organizations

Associated Country Women of the World: Mrs. George F. Roberts, Mrs. Eileen Moon
Catholic International Union for Social Service: Mrs. Carmen Giroux
Commission of the Churches on International Affairs: Mrs. Robbins Strong
International Alliance of Women: Mrs. Margaret Bender
International Committee of Catholic Nurses: Miss Dorothy N. Kelly
International Conference of Social Work: Miss Ruth M. Williams,
Miss Yvonne Bourguignon, Miss Carol Hoppin
International Council of Jewish Women: Mrs. Roy Plaut
International Council of Women: Miss Margaret E. Forsyth, Mrs. Grace Barbey
International Federation of Agricultural Producers: Mrs. Logan Billingsley
International Federation of Business and Professional Women: Mrs. Esther Hymer
International Federation of University Women: Miss Dorothy Stratton,
Mrs. Vera Sabin
International Social Service: Mrs. Michael Harris
International Society for Rehabilitation of the Disabled: Mrs. Dorothy Warms
International Union Against Venereal Diseases and the Treponematoses:
Miss Lili Gonzales
International Union for Child Welfare: Miss Frieda S. Miller
International Union of Family Organizations: Mrs. Peter L. Collins,
Mrs. Raymond A. Werbe

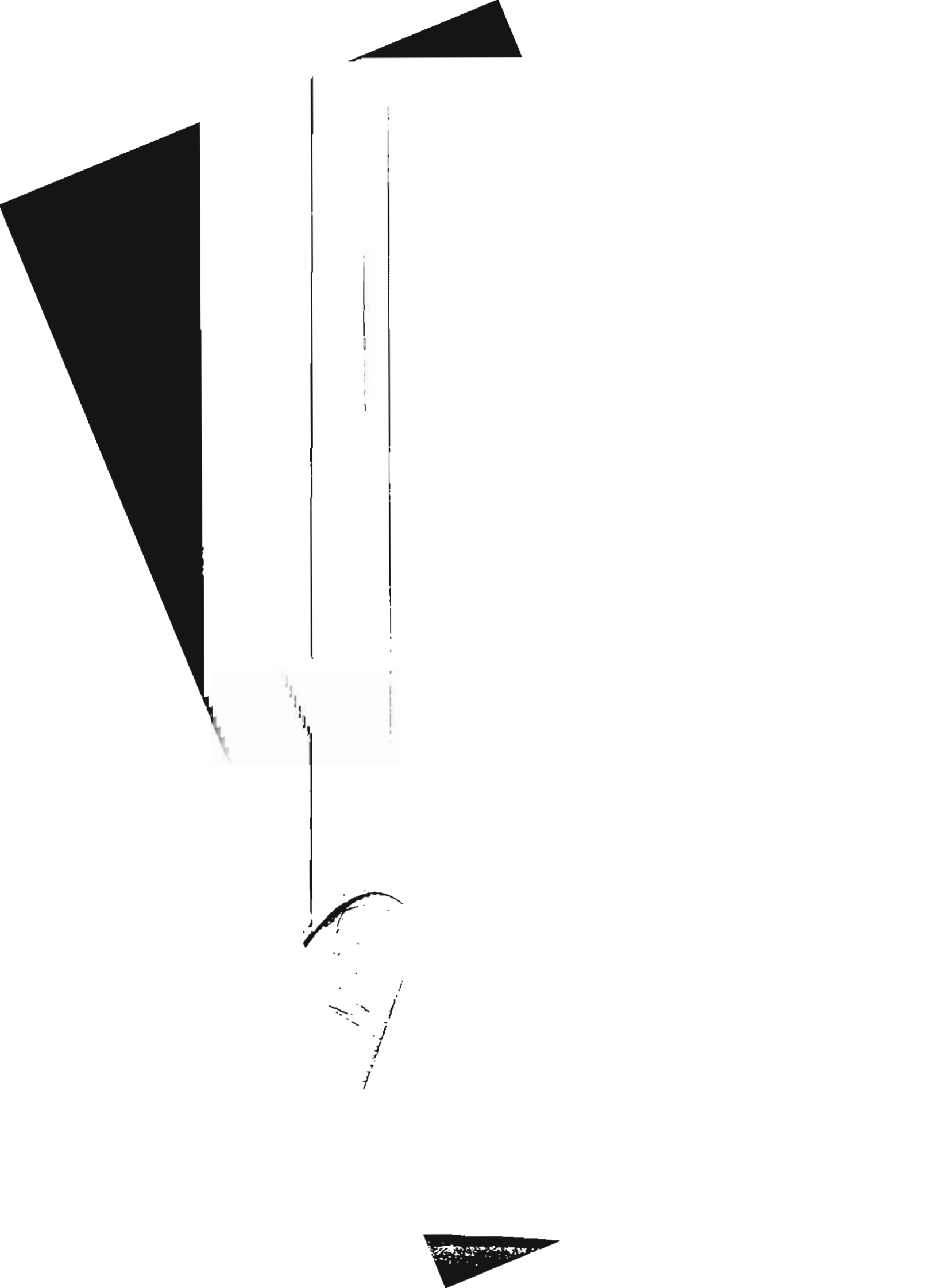
a/ Board member designate for the 1966 term of office, beginning 1 February 1966.

League of Red Cross Societies: Mrs. John W. Sheppard
Pan-Pacific and Southeast Asia Women's Association: Mrs. Davenport Bryan
Women's International League for Peace and Freedom: Mrs. Kathryn Pittman
Women's International Zionist Organization: Mrs. Ines Radunsky
World Alliance of Young Men's Christian Association: Mr. Dalton McClelland
World Association of Girl Guides and Girl Scouts: Miss Mary M. Weeks,
Mrs. Edward F. Johnson
World Federation for Mental Health: Mrs. Myer Cohen
World Federation of Catholic Young Women and Girls: Mrs. Ernest P. Tibbets
World Jewish Congress: Mrs. Philip Berman
World Union for Progressive Judaism: Mrs. Abram V. Goodman
World Union of Catholic Women's Organizations: Miss Alba Zizzamia
World Young Women's Christian Association: Miss Leila Anderson

UNICEF National Committees

Belgium: Mr. Hilaire Willot b/
Canada: Miss Betty W. Pearson
Poland: Dr. Boguslaw Kozusznik b/
Spain: Dr. Juan Bosch-Marin b/
Sweden: Mr. Nils Thedin b/
Switzerland: Mr. Hans Konzett b/
United States of America: Mrs. Helenka Pantaleoni
Yugoslavia: Mrs. Branka Savic b/

b/ Also member of Government delegation at the session.



ANNEX II

GUIDE-LINES FOR PLANNING, DEVELOPING AND EVALUATING APPLIED NUTRITION PROJECTS

1. There is an urgent need for more applied nutrition activity. Nutrition education must be "made to work". Local production (and prevention of loss) of vegetables, fruits and animal-protein foods (protective foods) which can balance calorie intake with respect to protein, vitamins and minerals, and better use of these foods in the nutrition of children and mothers are the only solution at present for many rural areas.
2. Ongoing projects need to be strengthened and where appropriate extended, and more careful planning is required for this as well as for starting projects in additional countries.
3. Some of the new projects should be prepared according to the recommendations of the Joint FAO/WHO Technical Meeting in Methods of Planning and Evaluation in Applied Nutrition Programmes held in January 1965. ^{a/} They would then serve as pilot evaluation projects; it is expected that more time spent on planning would make the projects more effective, with little or no loss of time in the long run.
4. There are four stages in this more detailed planning of projects:
 - Stage I: Following an indication of interest on the part of the Government, a study of the general situation and the feasibility of beginning applied nutrition activity;
 - Stage II: Collection of detailed baseline data for the zone(s) in which a pilot activity is proposed. Development of training plan and pre-training. Establishment of adequate priority within the development plan, and suitable administrative arrangements in the Government for the implementation of the project. In the course of stage II it may be decided to cancel plans for the project;
 - Stage III: Project development in a pilot zone(s);
 - Stage IV: Extension of project from pilot zone(s).
5. The choice of projects for development and evaluation on the basis indicated in 3 above would be guided by the wishes of the Government, and the scale of the proposed activity and the cost of reparation in relation thereto.

^{a/} Included in working paper FAO/UNICEF J.P. 65/2.

6. In comparison with this more detailed approach, a number of projects would continue to be prepared as adequately as possible with all existing facilities available until such time as conditions permit the more thorough planning procedure. When the need is urgent and there is the possibility of a simpler workable plan, a project should not be postponed pending ability to meet the requirements of the long-term comprehensive planning process.
7. Where international experts are required, continuity of service of the same expert from the initial planning stage through the implementation is desirable and should be sought within existing financing possibilities.
8. Efforts should be continued to pre-train before project implementation along the following lines:
 - (a) Orientation of government officials whose support for the project is essential;
 - (b) Training of key nutrition specialist(s) who will supervise projects from a national or large district level;
 - (c) Training of local supervisory personnel.
9. The projects should be integrated into services reaching into the villages, such as community development and social services, agricultural and home economics extension, education and health.
10. For applied nutrition it is desirable to have co-ordination of ministries of agriculture, health, community development and education, and of workers in these fields at all levels. In some cases it may be necessary for one ministry to take the lead with whatever collaboration is possible with other ministries.
11. Every effort should be made to make full use of qualified national personnel and institutions in all aspects of planning and implementation of applied nutrition projects. These personnel may be governmental or non-governmental and may be in universities, research institutes, private enterprises, etc., or they may be qualified individuals not at the moment employed in a position suitable to their training.
12. Increased emphasis should be placed on extending applied nutrition food production activities from a school or community project basis to the home level.
13. Experience has shown that in order to make a major impact on nutrition in rural areas, protective food production must be made efficient and productive enough to allow some sales, in addition to meeting home needs for fresh and preserved protective foods, to cover costs of seeds, fertilizer, pesticides, feed etc., and to provide additional incentive. The side benefits to directly improved nutrition in the rural areas are:
 - (a) Improvement in economic status in rural areas; and
 - (b) Availability of nutritious food at lower cost for food-purchasing families, especially in the local community but also in urban areas.
14. Full advantage should be taken of bilateral and voluntary agency aid which can support applied nutrition activity.

ANNEX III

NEW PROTEIN-RICH FOODS

A. Elements to be included in action programmes

1. Technological investigations to provide means for the production of cheaper, more acceptable and more nutritious protein concentrates. The agencies should stimulate the involvement of competent technical organizations, including those of universities, Governments and industries.
2. Economic studies leading to greater food use of protein concentrates from oilseeds and fish, as well as from other protein resources, and particularly those which are available and not now being used optimally for human food.
3. Encouraging maximum industrial and commercial involvement in the production and marketing of protein concentrates and food mixtures suitable for children and mothers.
4. Building up local technological competence in the field of protein-rich foods through the provision of high-level technical training, laboratory and pilot plant equipment, etc. FAO should emphasize these activities within the context of Special Fund and Freedom from Hunger projects in food science and technology which it administers. Such national or regional efforts should concentrate on methods of processing, food formulation and packaging, acceptability and quality control.
5. Emphasizing the need to reach the pre-school child. Products designed to meet the needs of this age group will also be used to up-grade the food habits and the nutritional status of the family as a whole.
6. Recommending to Governments greater support for the development and distribution of protective and supplementary foods, including encouragement to industries by means of, for example, purchasing quantities of commercial products for institutional feeding, family education, advertising campaigns and tax exemptions or incentives to food processors.
7. Seeking support from the World Food Programme or bilateral food distribution agencies and encouraging the integration of such support with commercial food production and marketing efforts in specific countries.

B. Guiding principles in the promotion of protein concentrates and food mixtures

1. The improvement of the nutritional status of infants and young children is the major objective of introducing suitable protein-rich foods, but they should also be useful in the treatment of recognizable protein malnutrition.
2. Generally the best means of using protein concentrates is to incorporate them into the staple food products at the time the latter are processed, with

the aim of achieving a more balanced food. Attempts to influence the consumer to add protein concentrates to this food during its preparation have so far not proved effective, as it presupposes an appreciation by the consumer of the nutritional benefits.

3. Formulated and/or processed protein-rich food products may be fortified with vitamin A, vitamins of the B group, iron and calcium, where the need for such supplementation in a given area is indicated and the costs would not be prohibitive. In any event, the consumption of locally available vitamin-rich nutritive foods such as fruits, leafy crops and vegetables, together with the protein-rich products, should be encouraged. Iodation of these foods might also be beneficial in areas of high goitre incidence and where conventional iodine supplementation of salt supplies is not convenient or economical.

4. Government programmes concerning protein-rich foods assisted by FAO/WHO/UNICEF should be co-ordinated at early stages to ensure the best use of available resources, both financial resources and technical personnel.

5. The activities of FAO and UNICEF should be centred on a limited number of projects.

6. Plans should be developed in co-operation with industrial concerns having access to market distribution channels. In advising Governments to encourage the wider use of new protein-rich foods, it should be recommended that use be made to the fullest extent possible of existing commercial production and distribution facilities.

7. Commercial promotion may impart prestige value to a food. It is therefore advisable not to extend free distribution to more than introductory samples, emergency situations and normal government welfare and institutional feeding programmes.

8. The investment of capital and effort to begin the promotion and marketing of new low-cost foods is limited by a small profit margin. This may be helped by designing a range of products, some having appeal to the higher income groups as well. This will also serve to sustain a volume of production to justify marketing similar nutritious foods to lower-income segments of the population. Promotion campaigns aimed at the high income groups are frequently effective in gaining acceptance of new products by low-income families as well. Nevertheless the steps to educate the latter group in the nutritional benefits of such products should, where necessary, be undertaken in advance, or at least simultaneously.

9. The important role which legumes and pulses can play in improving the protein nutrition of infants, children and mothers, when prepared in the home or supplied through commercially manufactured foods, should not be overlooked. There is a major advantage in the fact that these traditional foods are already widely accepted.

ANNEX IV

POLICY ON AID FOR RURAL MILK PRODUCTION

1. The areas selected for joint assistance in rural dairy development will be limited to those recognized and potential milkshed areas already serving, or scheduled to serve, FAO/UNICEF-aided milk conservation programmes. The latter, involving urban milk plants, ensure the required market outlets. Increased rural milk production will help these city milk plants to attain capacity operations and increase their distribution of low-cost milk to poorer families in fulfilment of agreements between FAO, UNICEF and the assisted Governments.
2. There should be prior agreement with the Government concerned on a sound policy for rural milk production, embracing such prerequisites as local provision for improved animal husbandry practices, including improvement of stock and culling of non-productive cattle, improved fodder and feed production. The Government would signify its readiness to give practical application to such a policy in the selected milkshed areas.
3. The Government would undertake to mobilize and co-ordinate aid available to it from all possible sources in the integrated programme for increased rural milk production. In certain cases this effort might represent a consolidation of aid available for different aspects of development, from, for instance, the United States Agency for International Development, the Colombo Plan, bilateral agencies and foundations, and under the Freedom from Hunger Campaign and the World Food Programme.
4. Instruction in the hygienic handling of milk and nutrition education of the public would be included among the development activities planned for the selected operational areas.
5. The Government requesting assistance would undertake to provide for the project the operational funds and personnel as agreed in a plan of operation to be jointly developed by the Government, FAO and UNICEF.

ANNEX V

DESCRIPTION OF PROJECTS FOR WHICH AID WAS APPROVED
IN JUNE 1965

A. AFRICA

ALGERIABASIC HEALTH SERVICES
Confirmation, mid 1965
to mid 1966Allocation approved: \$125,000
Technical approvals: WHO

E/ICEF/P/L.630

The plan for 1965/1966 envisages the reinforcement of the basic elements of the expanded public health programme. The National Institute of Public Health (INSP) will open a third public health demonstration area in a rural zone of the Department of Medea, which will be a field practice area for the School for Assistant Health Officers in Medea and an experiment area for the integration of hospital care and public health activities. It is expected that 14 departmental MCH centres and 41 MCH sections will be opened during the year, UNICEF providing basic equipment for 16 additional MCH sections. (Equipment for 25 sections was previously provided.) A well co-ordinated and comprehensive smallpox vaccination campaign will be developed in three stages. (a) the vaccination of approximately 250,000 students entering school for the first time in 1965/1966; (b) the vaccination of 1.5 million school children under fourteen years of age; and (c) a mass campaign to be carried out by health centres and mobile mass health units. UNICEF will provide freeze-drying equipment for the Pasteur Institute in Algiers to aid in the production of freeze-dried smallpox vaccine. Two regional public health laboratories will be established during 1965/1966, for which UNICEF will provide basic supplies and equipment. For training of public health personnel UNICEF will provide stipends for 100 assistant health officers, 90 nurses and midwives, 75 rural assistant midwives and 100 nurses aides as well as for the 30 sanitarians being trained at the INSP. This represents about a 30 per cent decrease in UNICEF stipend assistance. For a graduate school which is to be created in Algiers for the specialized training of nurses and midwives, to serve as tutors, supervisors or directors of services, UNICEF will provide teaching materials, books and audio-visual aids. Such materials will also be provided to other training schools and to INSP. Eight vehicles will be provided for field training activities and one for health education. WHO will provide a public health adviser to the Ministry of Public Health, Veterans and Social Affairs, a sanitary engineer, a sanitation technician, a health educator, a nutritionist, an epidemiologist-statistician and a malarialogist.

ALGERIATRACHOMA CONTROL
Continuation, 1965/1966Allocation approved: \$78,000
Technical approvals: WHO

E/ICEF/P/L.516

The trachoma control campaign was expanded and intensified during 1964 with regard to both its school and self-treatment aspects. During the 1963/1964 school year about 540,000 children in the first two grades benefited from mass treatment, and 53,000 in five grades in the Sahara region were treated selectively. During the 1964/1965 school year, an estimated 500,000 children in the first two grades are to be treated, while 100,000 will have benefited from selective treatment. About 200,000 persons were reached in the self-treatment campaign in 1964, and about the same number will be treated in 1965. About 610,000 children in the first two grades will be treated collectively in 1965/1966, and 100,000 children will be treated on a selective basis in schools in the two Sahara Departments. The Government will continue to supply ointment directly to the schools and will attempt to reach schools even in the most

ALGERIA (continued)

remote areas. Since school enrolment is increasing, and regular treatment will be applied to the school children concerned, a progressive reduction in the rate of infection among school children can be expected. The self-treatment campaign will also continue and be expanded to other departments as mobile public health units are organized. It is anticipated that 900,000 inhabitants will be treated in 1965 and 1,200,000 in 1966. Particular emphasis will be given to health education. The campaign is gradually being integrated in the basic health services.

UNICEF would provide one half of the total requirements of antibiotic ointment, for both school and self-treatment campaigns during 1965/1966, two light vehicles for replacement and one heavy-duty vehicle for use in the difficult terrain of the Sahara, as well as funds for the production of health education materials. WHO will continue to provide the services of an ophthalmologist.

ALGERIA

EDUCATION: PRIMARY AND SECONDARY

Continuation and expansion,
mid 1965 to mid 1966

E/ICEF/P/L.621

Allocation approved: \$154,000
Technical approval: FAO, UNESCO, WHO

The plan for 1965/1966 includes the following elements:

- The training of primary school teachers, which is currently being accelerated, will be gradually normalized and oriented toward in-service training. UNICEF will assist the accelerated programme for the last time, providing travel expenses for the third-stage training of 300 teaching counsellors and 6,000 teachers. In 1966, the Government will assume responsibility for further refresher training. Now that the training of primary teachers is nearing an end, the serious deficiency in numbers and qualifications of the first-cycle teaching staff has become evident, and emphasis will be put on this group from now on. A total of 30 normal schools for first-cycle teachers will be constructed in 1965, one for young women and one for young men in each of the fifteen administrative departments of the country, and 900 teachers will be trained in three-month courses. UNICEF will provide equipment for ten of the schools and travel expenses for the trainees.
- School canteens: The number of school canteens will be increased to 2,000 and the number of beneficiaries to 600,000 during 1965/1966. An additional 750 canteen managers and 18 regional and departmental canteen inspectors will be trained. UNICEF will provide 75 scales and measuring rods for simple evaluation of the project, five light vehicles for supervision and travel grants for the trainees.
- School gardens: On the advice of an FAO horticulturist who visited the country at the end of 1964, it is now planned, on an experimental basis, to create 60 school gardens on good land near agricultural colleges, and to train in 45-day courses 60 horticulture instructors to be chosen from among the former pupils of these colleges and upon completion of their training, assigned full-time to the schools with gardens. UNICEF will provide travel grants for the trainees and supplementary materials for school gardens.
- Specialized teacher trainings: The Ministry of Education plans to organize training in rural home economics, starting modestly with a nine-months course at the school of home economics in Algiers for a group of about 50 experienced teachers. In completion of training, these instructors will teach courses organized for young girls who have finished primary school but have no opportunity to pursue their studies. Specialized training will be provided for teachers of deprived children. In this connexion the Government benefits from the services of a family and child welfare expert, provided by the United Nations Department of Economic and Social Affairs in 1964 and 1965.

BASUTOLAND

BASIC MATERNAL AND CHILD HEALTH
Continuation 1965-1967

Allocation approved: \$40,000
Technical approval: WHO

E/ICEF/P/L.501

The aim of the project is to strengthen and expand rural health services through an adequate network of rural health centres. This would be done through the training of staff and the development of health education. UNICEF has provided basic equipment and teaching aids to fifteen district reference hospitals and eight rural health centres. Equipment and training grants have been provided to the National Hospital at Maseru, the centre for training of nurses and midwives. During the period 1965-1967, the Government intends to expand the Maseru Training Centre further in order to include polyclinic, obstetrical and gynaecological services and a maternal and child welfare clinic. Three additional district hospitals would also be upgraded. The student intake at the training school would be increased to 90 in 1966, and would remain at that level in 1967. UNICEF will provide supplementary equipment for the National Hospital, three district hospitals and the domiciliary nursing and midwifery unit; teaching and training equipment for the nursing and midwifery school; vitamin capsules; and training grants for 90 students. WHO will provide a nurse educator and a midwifery tutor under the Expanded Programme of Technical Assistance and a fellowship for a sister-tutor. The Oxford Famine Relief Campaign (OXFAM) is providing assistance to the domiciliary unit and milk powder for selected beneficiaries. The Government will seek bilateral assistance for a sister-tutor.

BASUTOLAND

APPLIED NUTRITION
Continuation, 1966-1967

Commitment approved: \$82,000
Allocation approved for 1966: \$41,000
Technical approval: FAO

E/ICEF/P/L.522

The aim of this project is to raise the nutritional status of the rural population through a programme of intensified nutrition education combined with practical demonstrations of a self-help character, designed to promote the local production and utilization of better foods and the training of personnel to these ends. Since the inception of UNICEF aid in 1961, five pilot demonstration areas have been established in the lowlands, covering a population of about 83,000. The areas include 75 schools attended by some 14,000 children. Two more areas would be added in selected mountain districts in 1966 and 1967, and expansion and consolidation will continue in the seven existing areas. The nine pilot areas would cover a total of 135 schools and about 122,000 persons, including 21,000 school children and would provide a demonstration area in every district of the country, the entire scheme reaching about 13.5 per cent of the population. During 1966-1967, it is intended to encourage the start of 60 communal gardens and 15 young farmers' club gardens. The poultry-raising targets have been reached, and it is hoped to achieve a total of 900 poultry schemes by the end of 1967. Orientation seminars will continue to be held for local and central government officers, chiefs, district councillors, school health and agricultural staff, youth leaders and other formal and informal leaders, both men and women. School teachers will be trained in nutrition and nutrition teaching, and in the organization of school feeding and gardening; part of the training will be practical, the courses being taught by government instructors, assisted by FAO experts. The Government hopes to establish 25 rural youth clubs in the nine pilot areas by the end of 1967. The school feeding programme will be furnished with foods that are available locally, with the produce of school gardens and with eggs provided by poultry keepers. UNICEF will provide gardening and poultry keeping equipment for 50 schools, 45 communal gardens, 15 youth clubs and 255 poultry farms; demonstration equipment and audio-visual aids for women's and rural youth programmes; textbooks for the programme library; training grants for 68 seminars and training courses. FAO will provide an expert in nutrition and an expert in agricultural extension under the Expanded Programme of Technical Assistance for 1966 and 1967.

E/ICEF/P/L.602

This project constitutes the first phase of a long-term national plan being developed by the newly elected Government of Bechuanaland for the expansion and improvement of educational services throughout the territory, based mainly on the recommendations of the UNESCO Planning Mission following a survey carried out in July 1964. Within an emergency training programme designed to overcome a critical shortage of manpower for general economic and social betterment, high priority is being given to a scheme for radical reorganization and rapid expansion of the secondary school system and of post-secondary school training. The plan provides for the continuation and completion of existing schemes relating to teacher training, technical training, expansion of a scholarship programme and the development of primary education. Particular attention will be given to the improvement of conditions in primary schools, by increasing accommodation, equipment and staff to cope with the rapid increase in enrolment (from 46,536 pupils in 1962 to 54,845 in 1963). The following main developments are envisaged:

Two new medium-sized schools will be established at the new capital at Gaborone to accommodate 560 pupils and two large schools would be constructed, one in Francistown and the other in Serowe, where there is gross overcrowding of the schools.

The present scattered secondary school facilities will be consolidated and staff resources and special facilities such as laboratories and libraries concentrated at six of the main centres where conditions for development are most favourable.

In addition to the teacher-training college opened in 1956 at Lotatsi, with accommodation for 120 students, and a college which came into being in July 1963, accommodating 180 students (when fully developed) the plan is to establish two more training colleges, at Francistown and Gaborone, to meet the demands for substantial increase in teacher training and to give further training to the unqualified teachers who will remain in the teaching service.

The highest priority is accorded to post-secondary training. As Bechuanaland has no institution of higher education, a scholarship programme has been launched with the object of placing the maximum number of its students from the University of Basutoland, Bechuanaland and Swaziland (which is located in Roma, Basutoland) at institutions in the United Kingdom, Southern Africa or elsewhere, for the widest possible variety of courses.

.. The assistance requested by the Government is intended to meet interim needs pending the completion of a long-range plan. UNICEF will provide the following: science teaching equipment and audio-visual aids for teacher-training colleges, selected demonstration primary and secondary schools; books and reference materials for libraries at secondary schools and teacher-training colleges; a vehicle for school inspection; salaries for two teachers at teacher-training colleges for one year and training grants for 400 unqualified teachers. UNESCO has provided a lecturer for Serowe Teacher Training College and negotiations are in process for two more lecturers to be provided.

Bilateral assistance: The United Kingdom Department of Technical Co-operation is strongly supporting this programme, particularly in bursaries and scholarships. A short-term consultant has been provided in connexion with the revised primary school syllabus. The Department of Technical Co-operation, the United States Agency for International Development, the Ford Foundation, the World University Service and the World Council of Churches are contributing to the development of the University of Basutoland, Bechuanaland and Swaziland.

BURUNDI

NUTRITION EDUCATION/
HOME ECONOMICS
First request for UNICEF
aid, 1965-1968

Recommended commitment: \$75,000
Recommended allocation for 1965/1966: \$35,000
Technical approval: FAO, UNESCO and WHO

E/ICEF/P/L.521

The aim of the project is to raise the nutritional level of the population, and especially that of children, through improvements in the production and consumption of protective foods. Teachers, agricultural personnel and rural leaders will be instructed in more modern methods of food production and small-animal raising, and women will be encouraged, through nutrition education and practical home economics instruction, to prepare better-balanced diets using available foods of high protein content. A pilot zone will be created in Kitega Province, which has a population of about 400,000 inhabitants, of whom more than 90 per cent make a living from agriculture and animal husbandry, in a largely subsistence economy. The local diet is based mainly on manioc, beans and sweet potatoes. Little if any meat, fruits or other vegetables are consumed. The Government has a five-year plan to promote the better utilization of land, and to reinforce these efforts a nutrition education campaign will be launched among the rural population. A three-year programme will be carried out under the direction of the Ministry of Agriculture, in co-operation with the Ministries of National Education, Public Health and Social Affairs and co-ordinated by a central committee. Training courses are planned for some 300 participants:

- Teachers and agricultural personnel will receive practical agricultural training in one-month courses with stress on nutrition, applied natural sciences and school gardens.
- Rural leaders will receive practical training in short courses and will then return to their communities to apply and demonstrate the knowledge acquired.
- Supplementary training in home economics will be given in one-month courses for health, agricultural and teaching personnel, who will in turn undertake the instruction of rural women in home economics.

Demonstration areas composed of vegetable gardens, orchards, poultry and rabbit-raising units will be established in each school in the pilot zone. Producers associations will be formed with the aim of encouraging the diversification of vegetable production. Communal orchards, demonstration gardens and poultry units will be established and a seed centre opened to ensure the production of an adequate quantity of good quality seedlings. UNICEF would provide funds to cover the printing and production of manuals on home economics and nutrition and audio-visual equipment; demonstration and gardening equipment for 11 schools, the seed production centre, 5 vegetable producers' associations and 50 community gardens; small-animal-raising equipment for 50 demonstration units; a vehicle for supervision and 2 trucks; and training grants for approximately 300 trainees in training courses of varying duration. FAO will participate actively in the development of the project through visiting regional experts and experts assigned to the country. WHO will provide a nutritionist to assist in the nutrition training. The United Nations Special Fund is providing assistance to the Rural Polytechnic School in Karuzi for the training of agricultural monitors and technicians, which will be closely co-ordinated with the present plan.

CENTRAL AFRICAN REPUBLIC

LEPROSY CONTROL
Continuation, 1965/1966

Allocation approved: \$25,000
against approved commitment

CHAD

LEPROSY CONTROL
Continuation, 1965/1966

Allocation approved: \$24,000
against approved commitment

CONGO (BRAZZAVILLE)

LEPROSY CONTROL
Continuation, 1965/1966

Allocation approved: \$12,000
against approved commitment

CONGO (BRAZZAVILLE)

EDUCATION
Continuation, 1965/1966

Allocation approved: \$39,000
against approved commitment

DAHOMEY

SOCIAL SERVICES
First request for UNICEF
aid, mid-1965, mid-1967

Recommended allocation: \$14,000
Technical approval: United States
Department of Economic and Social
Affairs; FAO; WHO.

E/ICEF/P/L.539

The objective of this project is to improve and extend social welfare measures for families, children and youth, as well as mass education and community development activities, to assure preventive health measures for mothers and children within the framework of social services, to provide homecraft training for young girls and mothers, to create centres to fulfill these functions and to train the necessary personnel. The Social Service, created in 1954 and subsequently attached to the Ministry of Public Works, Labour and Social Affairs is still in an embryonic stage. A decree which is expected to be passed in the near future, envisages the reorganization of the Department of Social Affairs and the creation of an enlarged inter-ministerial committee to include the voluntary organizations concerned with social questions. There are currently five social centres in operation with day-care centres attached; each day-care centre is staffed by a graduate social worker and four social work aides. There are also four social sub-centres without day-care facilities, each staffed by two social work aides. None of these centres has suitable accommodation nor adequate equipment. The Government hoped to obtain bilateral aid for them but has now decided to make provision in its 1965 budget for the construction of new buildings for the social centres. UNICEF will provide basic equipment and reference materials for 5 main social centres, 4 sub-centres and 5 day-care centres; a vehicle for supervision and 14 motorized bicycles; and training grants for 50 social welfare trainees to participate in ten-day seminars.

ETHIOPIA

BASIC HEALTH SERVICES
Continuation, 1965/1966

Allocation approved: \$61,000
UNICEF aid first approved: 1952
Previous assistance: \$1,542,700
Technical approval: WHO

E/ICEF/P/L.612

The aim of this project is to develop integrated basic health services in Ethiopia, to expand the training of staff and to strengthen supervision at all levels. The Government intends in 1965-1966 to concentrate its efforts on the evaluation and consolidation of the existing services in rural areas and on a review of the supervisory organization. Expansion of the health centre network will be confined to three areas where other development activities are already organized. A new MCH demonstration and training centre will be established in connexion with an urban community development centre in Addis Ababa. Swedish bilateral assistance is being provided for construction of the centre, for provision of research staff and other basic costs. The training programme envisages increased enrolment, including 195 students in the Gondar Public Health College and 17 trainees in the Medical Auxiliary School in Addis Ababa. Beginning 1966, the Government will provide stipends for all new trainees at the Gondar College and will assume progressive responsibility for training costs at this College. A seminar, to be held for 20 provincial medical officers and their deputies and for administrative officers of the provincial health depots, will cover planning, supervision and evaluation, and short courses on communicable disease control, health and nutrition education and epidemiological statistics. Training in tuberculosis control techniques will be continued at the Addis Ababa demonstration and training centre, and similar training would be provided at the Asmara centre beginning 1966. Disease control activities (tuberculosis, trachoma and leprosy) will be continued along existing lines with increasing integration into the health centre services.

ETHIOPIA (continued)

UNICEF will provide basic MCH and environmental sanitation equipment for service health centres and training supplies for medical auxiliaries' school; drug and diet supplements, vitamin capsules and soap; laboratory and campaign equipment, X-ray films and supplies; drugs for treatment of tuberculosis and BCG vaccine; a small bus for MCH training and 13 bicycles for tuberculosis; a salary supplement for the director of the transport organization for 12 months; and training grants for 406 auxiliary health personnel and 20 medical officers in courses of varying duration and partial costs for 190 health auxiliaries in similar courses. WHO will continue to provide technical guidance and support through its regional office and through the continued services of ten advisers and specialists in the country. Considerable assistance is available from Sweden, including technical experts and the Government of the Netherlands is assisting particularly in connexion with child welfare work.

ETHIOPIA

MILK CONSERVATION
Continuation 1965-1966

Commitment approved: \$197,000
Allocation approved for 1965: \$100,000
Technical approval: FAO.

E/ICEF/P/L.480

The aim of this project is to increase the availability of safe milk at the lowest possible cost to the population of Addis Ababa, which includes approximately 220,000 children. The plan for the next phase of the project, to be carried out in 1965 and 1966, includes the establishment of a modern milk pasteurization plant adjacent to the present dairy and with a capacity to process up to 30,000 litres of milk daily. Construction is scheduled to begin in the first half of 1965. Equipment supplied by UNICEF and now in use at Shola Ber will be transferred to the new dairy. The milk collection organization will be expanded by the establishment of 23 new collection centres and the upgrading of three existing centres which are to be housed in new buildings and re-equipped. Twelve additional retail distribution centres will be constructed. Distribution of free and/or subsidized milk to selected groups of mothers and children, particularly pre-school groups will begin within one year of the period of the beginning of operation of the plant and will continue over a ten-year period; it is expected that 180,000 litres of milk will be distributed free of charge annually, a minimum of 4,000 half-litre bottles a day. A National Milk Board will be constituted and will develop and co-ordinate a national milk policy including the fixing of prices to producers and consumers. UNICEF will provide milk collection equipment for 26 centres; milk processing equipment to raise the capacity of the new dairy to 30,000 litres per day; transport for milk collection and supervision; two fellowships in general dairying and one in engineering and maintenance. A milk plant manager provided by FAO will assist in the running of the dairy and in the training of local technicians. An FAO expert in livestock production will continue to advise and assist farmers in regard to milk production and collection problems.

ETHIOPIA

COMMUNITY DEVELOPMENT AND
SOCIAL SERVICES
Continuation 1965/1966

Recommended allocation: \$39,000
Technical approval: United Nations
Department of Economic and Social
Affairs; WHO.

E/ICEF/P/L.518

The aim of this project is to promote social development, with particular reference to the needs of children in urban and rural areas, through local participation in self-help and mutual aid schemes. During 1965/1966, the training programme at the School of Social Work (now part of the Haile Selassie I University) will be revised with a view to establishing a bachelor's degree in social work. Among other improvements foreseen, the school will extend its library. Honoraria for part-time lectures and stipends for new students will be paid by the Government after July 1965, and after July 1966 the Government will assume full responsibility for all such costs. The community development training programme at Awasa will be continued, with emphasis on programmes for children and mothers in demonstration centres around Awasa. Instruction in various handicrafts will be provided for children and youths with little or no previous schooling; such training will also be provided in the five urban centres now being established.

<u>ETHIOPIA</u>	<u>EDUCATION</u> Continuation, 1965/1966	Allocation approved: <u>\$114,000</u> against approved commitment
<u>GABON</u>	<u>LEPROSY CONTROL</u> Continuation, 1965/1966	Allocation approved: <u>\$14,500</u> against approved commitment
<u>GAMBIA</u>	<u>BASIC HEALTH/YNCH</u> Continuation and expansion, 1965-1967	Allocation approved: <u>\$50,000</u> Technical approval: WHO

E/ICEF/P/L.492

The development of health services in the Gambia has made slow progress since UNICEF aid was first approved in March 1955. Owing to financial difficulties, only eight of the twenty maternal and child health centres originally envisaged have been established. Pending the completion of a new training school for nurses, training is proceeding in temporary premises for 80 junior grade nurse midwives and 20 nurses, under the technical guidance of a WHO nurse educator. A WHO midwifery educator will arrive this year. Permanent counterparts to the two advisers are being trained in Ghana, and temporary assistant instructors have been recruited. The UNICEF-assisted leprosy campaign has made exceptional progress. Ten vehicle circuits, covering some 2,000 miles a week, ensure that regular treatment is available practically everywhere in the country. Seventy per cent of the 6,000 registered patients are now under regular treatment.

The pattern of health services over the next two years will be governed by the 1964-1967 development programme. No new health centres will be opened, since it is the intention of the Government to concentrate its resources on reinforcing the existing centres by improving their staffing, adding small combined maternity and general purpose wards to the three existing main centres and increasing the provision of necessary drugs and other supplies. An additional 75 trainees are expected to enter the newly established professional nurses training course during 1966/1967. Under the guidance of a senior midwife, a simple training scheme for 150 traditional birth attendants will be organized during the two-year period. A new epidemic disease control unit to be established (incorporating the present leprosy project) will determine the pattern of the major diseases; co-ordinate and supervise the work of the campaign teams, health centres and dispensaries, and advise and participate in the improvement of staff training. UNICEF will provide equipment for 3 health centre maternity wards; laboratory equipment for the nursing school, equipment for the school health dental unit, 150 kits for birth attendants, laboratory, statistical and campaign equipment and drugs for the epidemic disease control unit, drug and diet supplements, two small buses for training, seven vehicles for the epidemic disease control unit, salary grants for two assistant instructors for 12 months and stipends for 75 professional trainees for two years. WHO will continue to provide nurse and midwifery educators for the School of Nursing.

<u>GHANA</u>	<u>NUTRITION/HOME ECONOMICS</u> Continuation, 1965/1966	Allocation approved: <u>\$35,000</u> against approved commitment
<u>GHANA</u>	<u>EDUCATION/SCIENCE TEACHING</u> Continuation, 1965/1966	Allocation approved: <u>\$100,000</u> against approved commitment

GUINEAEDUCATION

First request for UNICEF
aid
mid 1965 to mid 1968

Commitment approved: \$400,000

Allocation approved for mid 1965-end 1966: \$120,000

Technical approval: UNESCO

E/ICEF/P/L.628

The main objective of this project is to assist the Government in its plan of educational reform, and especially to revise the general secondary school curriculum to include pre-vocational education. The development of education is to be accelerated through the creation of a sufficient number of new schools, to permit enrolment of all children between the ages of seven and twelve. The content of the curriculum is to be modified to take into account the history and the sociological realities of the country, and to include a deeper study of the African environment and of the world. Science and technology will be given special emphasis with a view to providing the country with the personnel needed for its economic and social development. In the reorientation of the curriculum stress will be put on pre-vocational preparation, strengthening of technical schools and the creation of additional technical schools. The Government envisages the creation of numerous secondary schools, in order to be able to accept some 15,000 new students each year by 1970 and to raise enrolment to 50,000. Allowing one school for each administrative district, the total number of secondary schools would eventually be about 165. An important place in the secondary curriculum is reserved for training in agriculture. General studies would occupy 25 hours a week in the curriculum, while 11 to 15 hours would be devoted to theoretical and practical professional training. Workshops for practical training would be constructed and equipped with a view to providing 40 to 50 working places for each 100 to 120 students. Seventeen general secondary schools will be converted into technical schools and eight existing technical schools will be equipped to broaden their institutions. Teachers for the technical schools will be trained, for the most part, in the national professional schools, after which they will be given at least one year of in-service training. During the third year of operation, an evaluation of the project will be carried out with the assistance of UNESCO, with a view to establishing detailed plans for a further three-year extension of the project, for which UNICEF aid would then be requested. UNICEF will provide tools and equipment for workshops providing training in mechanics, agriculture, animal husbandry and electro-mechanics; equipment for the pedagogic bureau; transport for field training and supervision and reimbursement to UNESCO for an expert in agricultural training for 18 months. UNESCO is recruiting the technical education expert and the agricultural training expert, whose salary would be reimbursed by UNICEF up to the end of 1966.

IVORY COAST

HEALTH SERVICES, MCH and
ENDEMIC DISEASE CONTROL

MCH: first request;
disease control: continuation 1966

Allocation approved: \$147,000

Technical approval: WHO

E/ICEF/P/L.561

UNICEF has assisted leprosy and yaws control campaigns for several years; recently steps have been taken to consolidate these campaigns into a co-ordinated public health plan, with integrated services for maternal and child welfare. The assistance now approved includes the first UNICEF aid to health centres and represents an initial step towards consolidation of all health services. A section of maternal and child health is to be established within the Ministry of Health, and a demonstration and training area developed in the outskirts of Abidjan, where students from the National School will be given practical in-service training and re-orientation courses will be held for medical personnel. Environmental sanitation activities will be developed in this area and co-ordinated with a training programme for sanitarians which WHO is now assisting. Three main health centres at the provincial level and twelve related health centres at the district level will be strengthened and up-graded, and in the long-range the quality of staff and services in all health centres in the country will be raised to meet the needs of the population and to take over endemic disease control. Meanwhile, control of endemic diseases will continue along existing lines. UNICEF will provide equipment for 3 provincial health centres and 12 district centres, equipment for environmental sanitation activities, campaign and laboratory equipment and drugs for disease control, 16 vehicles, 4 out-board motors, 55 motorized bicycles and 70 bicycles. WHO is providing a public health expert, a nurse-tutor, a sanitation engineer and statistician. Considerable bilateral aid is being received particularly from France, in the form of assistance for buildings, technical equipment and personnel. The European Development Fund (EDF) is assisting in the construction of a national institute of public health which will eventually contribute an important role in research, training and co-ordination for health work.

KENYA SMALLPOX VACCINE PRODUCTION
First request for UNICEF aid,
1965-1966

Allocation approved: \$20,000
Technical approval: WHO

E/ICEF/P/L.578

This project will make possible the production of freeze-dried smallpox vaccine for use in Kenya and the other East African countries, the production being carried out in accordance with WHO technical standards. The production laboratory at the Medical Research Laboratory will be converted to produce annually 10 million doses of dried smallpox vaccine of a reasonable potency and safety. The existing laboratory will be modified and improved to house a freeze-drying apparatus. When the enlarged vaccine production unit goes into operation, an integrated control and research unit will be established headed by a virologist and staffed with two technicians. The specialist pathologist and a senior laboratory technologist will be trained in the technique of producing freeze-dried vaccine at the Lister Institute on WHO fellowships, and an engineer/maintenance superintendent will be granted a WHO fellowship for special study with the makers of the freeze-drying apparatus. The freeze-dried smallpox vaccine will be distributed free of charge through all medical units in the country. UNICEF will provide the plant equipment for the production of freeze-dried vaccine, including freeze-drying machines, refrigerated centrifuges, incubator etc.

KENYA TRAINING IN NUTRITION AND
DAIRY TECHNOLOGY
Continuation, mid-1965 to
mid 1968

Commitment approved: \$250,000
Allocation approved for 1965/1966: \$113,000
Technical approval: FAO

E/ICEF/P/L.500

In its endeavours to raise the nutritional standard of the population, and in particular that of children, the Government is giving special emphasis to the nutrition education of farmers and their wives and to the provision of training in nutrition and home economics for field workers and students specializing in rural economics and dairy science. Very satisfactory progress has been made towards these goals. Sixteen farmers' training centres were in operation by the end of 1964. Enrolment in the courses, which run from seven to ten days, rose from 4,000 in 1961 to 20,461 in 1964. The home economics courses continue to attract a good deal of interest at these centres and have contributed in large measure to a marked increase in the attendance of women. At Egerton College, the two-year diploma courses in agriculture and animal husbandry and in dairy science have proceeded according to plan. Thirty-five students completed the first course in June 1964. The agriculture and animal husbandry course has now been expanded to a three-year diploma course. As a result of the improvement of facilities at the Erbu Agricultural Training Centre, the annual intake of students has increased from 38 in 1962 to 75 in 1964. In the next three years, 1965-1968, the training schemes at Egerton and Erbu will be continued along existing lines. The Government's six-year development plan (1964-1970) provides for the establishment of thirteen new farmers' training centres; the first six will be established in 1965 and will provide training for an additional 7,000 students annually. UNICEF will provide supplementary dairy demonstration equipment for Egerton College and training grants for 60 students (20 per year) in dairy science at Egerton College and for 36,000 students (13,000 per year for two years 1965/1967 and 10,000 in 1967/1968) at farmers' training centres. FAO will continue to provide two lecturers for the dairy science course. The Oxford Famine Relief Campaign (OXFAM) has approved a grant towards training at farmers' training centres. The United States Agency for International Development (AID) and the Nuffield Foundation are assisting in the improvement of facilities at a number of farmers' training centres and AID is providing lecturers for Egerton College and advisers in agricultural education and extension. The United Kingdom Freedom From Hunger Campaign is also contributing to the farmers' training centre scheme and has provided funds for the dairy training building and for a building to house the staff at Egerton.

KENYA MILK CONSERVATION (Rural
milk centres and Naivasha
training centre)
Continuation, mid 1965 to
mid 1968

Commitment approved: \$360,000
Allocation approved for 1965/1966: \$120,000
Technical approval: FAO

E/ICEF/P/L.499

The aim of this project is to raise the nutritional standard of the rural population, and in particular that of children, through the stimulation of the production and processing of milk, the training of qualified personnel in proper hygienic methods of handling milk, and the provision of nutrition education for women and for leaders in the rural communities. An additional 450 rural milk centres are to be created in the three-year period, mid 1965 to mid 1968 of which 330 will be equipped with UNICEF assistance, and the rest by the Government. The new centres will be situated mainly in areas of the country where the dairy potential has not yet been exploited. The Naivasha Dairy School will continue to provide five months of comprehensive practical and theoretical training for 30 dairy manager trainees. Two such courses will be held annually, with an additional month of training for non-Kenyans. On completion of the course, the trainees will return to the rural co-operative which nominated them for training. Here they will assume the functions of dairy managers for a period of six months of in-service training, under the supervision of personnel from the School. On completion of this period of in-service training, the candidates will become eligible for dairy-manager posts in rural co-operatives. UNICEF will provide equipment for 30 large and 300 small rural milk centres and training grants for 180 trainees in dairy management. FAO will continue to provide an expert in dairy technology and dairy co-operatives and an associate expert will be provided under bilateral aid. FAO will undertake an assessment of the project in 1966.

LIBERIA BASIC HEALTH/VCH
Continuation,
mid 1965 to mid 1967

Allocation approved: \$39,000
Technical approval: WHO

E/ICEF/P/L.524 and Corr.1

The main objectives of the project are to train para-medical personnel to staff permanent rural health establishments and to provide assistance for the training of birth attendants in elementary mother and infant care. The project is a first step towards the development of a network of basic health services to deal with day-to-day work in the control and prevention of disease and the promotion of health. A network of peripheral health posts is to be created to provide the nucleus for a rural basic health service; it is estimated that it may take up to ten years to train sufficient staff to provide the rural population with really adequate health services. Personnel will be trained for fourteen of the health posts during the two years 1965/1966 and 1966/1967. A corps of health assistants will be trained in one-year training courses which will include three months of practical work at the government hospital in Gbarnga. To provide reasonable coverage for the population of the selected areas would require fourteen health posts. In the first year, eight existing dressing stations would be up-graded; in the second year six new health posts would be created. Two or three health assistants will be assigned to each health post. Traditional birth attendants will be trained in a ten-week programme, with a view to up-grading the standards of an estimated 155 traditional birth attendants in the area. The immediate supervision of the health assistants will be the responsibility of the health inspectors already posted in the area, each inspector supervising three or four health posts. Over-all supervision will be entrusted to a junior medical officer with training in public health who would report to the senior medical officer in the area. UNICEF will provide teaching and demonstration equipment, supplies and equipment for 14 health posts, including 155 midwifery kits for traditional birth attendants, drugs and diet supplements and midwifery kits, 155 midwifery kits for traditional birth attendants, a bus for health assistant trainees, a vehicle for the use of supervisory personnel and 12 bicycles for visiting health attendants, and training stipends for 30 health-assistant trainees a year. WHO will provide a public health adviser as well as equipment, supplies and printed materials and such fellowships as it may consider necessary. The US/AID is providing technical experts and extensive material assistance.

LIBERIA

MOTHERCRAFT/HOME CRAFT
First request for UNICEF
aid, mid 1965 to mid 1967

Allocation approved: \$27,000
Technical approval: United Nations Department
of Economic and Social Affairs, FAO, WHO

E/ICEF/P/L.557

The first step in developing an effective home economics extension service will be to introduce a regular training programme for personnel who will subsequently be posted to home economics and extension centres in rural areas. These aids will work initially in the immediate surroundings of the centres and will seek to assist as many persons as possible and supervise them properly. Five centres will be created in the first two years of the plan. Girls who have completed two years of secondary education will receive six months of training (three in the Monrovia area National Economics Training Centre and three in practical field work in the Gbedin community and land development project area). Twenty candidates will be trained each year. Three centres will be opened in the first year in Gbedin, Ganta and Saniquellie after the first group of trainees has graduated. Beginning in the second year, voluntary village leaders will be trained in one-week seminars to assist in extension work. Training will be conducted by an FAO home economist and a national home economics training officer. Part-time training will be provided by technicians from related programmes, and by two home economics supervisors. Existing Government buildings are available to be used as training centres in the Monrovia area and in the Gbedin community and land development project, and premises for the home economics centres would be provided by the local authorities. Immediate supervision of field work will be assured by two home economics supervisors. The associate-director of the Home Economics Extension Division will exercise over-all supervision and leadership. UNICEF will provide demonstration and training equipment for the National Training Centre, field demonstration kits for aides, a bus for school, 3 light vehicles for field work and 1 vehicle for supervision, also training grants for 20 aides and 30 voluntary leaders and for in-service training of aides. A home economist provided by FAO under reimbursement from UNICEF for the first year will be continued as from August 1965 under the Expanded Programme of Technical Assistance. Close co-ordination is foreseen with community development experts working in the US/AID rural development scheme.

MALAWI

BASIC HEALTH SERVICES
Resumed, mid 1965-mid 1967

Commitment approved: \$77,000
Allocation approved for 1965/1966: \$40,000

E/ICEF/P/L.600

The Government plans an integrated approach to the development of the various aspects of basic health services. Maximum use will be made of medical and nursing staff and facilities of missions in developing the plan and, as staff becomes available, appropriate units would be created within the Ministry of Health to deal with the special fields of maternal and child health, nutrition, health education and statistics. A health education committee is being formed so as to introduce increased emphasis on health education in training of health staff and teachers and to promote the production of audio-visual aids. Eighteen medical officers and 83 state-registered nurses are in training overseas. It is hoped, with WHO assistance, to begin training of State-registered nurses as well as and reorientation training of existing health staff, a demonstration and training zone will be developed in an area between Blantyre and Zomba. Environmental sanitation activities will be developed in the area including aspects relating to safe water supplies, excreta disposal, hygiene and improved housing in all of which field sanitarians will co-operate with public health nurses when these become available. Refresher courses will be provided for staff attached to district councils to accelerate the development of responsibility to local health authorities. The quality of services will be improved at all levels by emphasis on training of existing staff, increasing the number of trained staff where it is not now adequate and the up-grading of selected units. Supervision from the district hospitals will be organized in a more regular way than hitherto, and immunization and domiciliary health services will be extended in close co-operation with existing teams carrying out preventive and endemic disease control activities. The activities of two mobile teams will be closely co-ordinated with the work carried out through district and rural centres and immunization against smallpox, diphtheria, pertussis and tetanus will be combined with detection of other endemic diseases, with particular emphasis upon leprosy. UNICEF will provide teaching and demonstration equipment for 3 training schools; midwifery kits; communicable disease control supplies, 2 small buses for field training, 5 utility vehicles for health centre supervision and 32 bicycles; and training grants for short refresher courses for members of district field staffs. WHO expects to provide a public health nursing administrator and a public health adviser/maternal and child health officer as well as fellowships as may be agreed with the Government.

MALAWIPRIMARY EDUCATION

First request for UNICEF aid, mid 1965 to mid 1967

E/ICEF/P/L. 603 and Corr. 1

Commitment approved: \$81,000

Allocation approved for 1965/1966: \$50,000

Technical approval: UNESCO

The aim of this project is to strengthen and improve the quality of teaching in primary schools through the up-grading of teacher training. A steady expansion of primary school classes will take place and general science as well as domestic science teaching will be introduced in the upper two years of primary school. The Government plans to provide new places in primary schools to allow for population increase; to expand the training of teachers and take steps to improve the quality of teaching of many of the teachers now in service; to improve instruction qualitatively by re-writing the course content, acquiring adequate equipment, increasing the number of assisted schools and up-grading teacher preparation; to reduce wastage and enhance the prestige of education by providing teachers with basic books, teaching aids etc.; and to improve administration of primary school and inspection services. The entire primary school programme is being revised, and handbooks on proposed teaching methods are being prepared as well as reading books centred on local topics in Malawi. The objectives are to improve the quality of teaching; to modernize the curriculum; to provide a handbook of suggested teaching methods; to design history and geography textbooks especially for Malawi children and improve English reading books and arithmetic textbooks. An appeal will be made to the local people to assist in the development of primary education by self help and local initiative. With the aim of increasing the output of teachers to 700 per year, the Government plans to put more emphasis on improving the standard of the teacher-training colleges and increasing the output of primary school teachers. One college in each region will be up-graded during the period of the plan. With the advice of UNESCO, three general science instructors will be selected from already trained staff and attached to the three expanded training colleges and to the demonstration schools, where in-service training will be carried out. Refresher courses will be arranged for as many teachers as can be accommodated during vacation periods. At least 2,000 teachers will benefit during the two years. It is planned to introduce general science to students in the last two years of primary school. An increasing number of girls now go to secondary schools, where they will also be taught general science. UNICEF will provide basic handcraft and general science training equipment and books for three expanded teacher-training colleges (one in each region) and for the three primary schools that are used for demonstration and practice teaching, as well as transport for supervisory purposes and stipends for trainees. This project has been prepared with the active co-operation of the UNESCO education adviser in Malawi, whose services will be continued. The United States Agency for International Development is financing the construction of two institutions - an agricultural college at Bunda and a polytechnic school at Blantyre. The United States Peace Corps is assisting in the provision of teaching staff.

MALIHEALTH AND SOCIAL SERVICES

Continuation, mid 1965-mid 1967

E/ICEF/P/L. 577

Commitment approved: \$145,000

Allocation approved for 1965/66: \$62,000

Technical approval: United Nations Department of Economic and Social Affairs, FAO, WHO

With the decentralization of responsibility to the new regional organizations, the integration of health and welfare services and the consolidation of endemic disease control activities will be intensified. During the next two years, few more district health centres and twenty sub-centres will be modernized and up-graded as staff becomes available. Training of health and welfare personnel, including refresher courses for supervisory staff, will continue. Health education activities will be actively developed through a team based on Bazako which would carry out an intensive campaign in rural areas. Mobile endemic control units will be strengthened to permit greater concentration on case finding and more effective coverage. Direct DCG vaccination will be carried out for specific age-groups and a WHO assessment team will evaluate results at the end of the two year period.

MALI (continued)

A pilot demonstration and training zone will be created in a model village near Bamako as an initial step in promoting country-wide improvement of rural living conditions. Combined with improved housing of simple construction, self-help projects of a general nature will be encouraged, and, under the guidance of a WHO sanitary engineer, clean water supplies, sanitary latrines, refuse disposal and related activities would be developed. Eight social workers are due to graduate from the Bamako school this year; their placement at existing welfare centres would help to strengthen the work of these units. Three new kindergartens would be opened in Bamako in 1965. A broader programme for education of women in homecraft and mothercraft will be promoted by radio broadcasts and practical demonstrations in some 50 village centres. UNICEF will provide basic MDH equipment for 4 district health centres and 20 rural health centres, drugs for leprosy and yaws control, supplies for tuberculosis control, teaching and training equipment, pumps and accessories for environmental sanitation, teaching materials and audio-visual equipment for 50 social centres, 4 kindergartens and a day-care centre; vitamin capsules, 14 vehicles, 10 molyettes, 15 bicycles; and training grants for 60 nurses and midwives and 5 child care nurses. WHO has provided the services of a public health planner who has just completed his mission, as well as a nurse tutor and a sanitary engineer. FAO will provide for the education project (under reimbursement from UNICEF) a home economics adviser who will help in this project as well.

MALI

EDUCATION
Continuation,
mid 1965-mid 1967

Commitment approved: \$312,000
Allocation approved for 1965/1966: \$186,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L. 536

The reformed education programme of Mali aims to make primary schools available to all children of school age and to provide a more practical curriculum, suited to the country's economic and social development. Training at the five regional pedagogical centres will be provided for 360 rural teachers and for 120 urban teachers; phasing out of UNICEF assistance in stipends will begin with the Government paying 20 per cent of the costs in 1965/1966 and 40 per cent in 1966/1967. Fifty domestic science teachers will be trained at the Domestic Science Teachers School at Segou and 18 new fundamental schools will be opened. An active programme of education for women is being sponsored by the Minister of Education, directed from ten regional centres based on the existing school inspection services. The programme covers 100 village centres run by voluntary educators, who receive training at the regional centres in domestic science, health and nutrition, baby care and homecraft; practical demonstrations are provided. UNICEF will furnish demonstration equipment for the extension of domestic science and mothercraft/homecraft in the 100 village centres. UNICEF will also provide supplementary items for a national centre for documentation and dissemination of educational materials in the Ministry of Education. UNICEF will also provide manual arts equipment for 18 reformed schools, reproduction equipment and accessories for documentation centre and textbook production, 7 vehicles for field training and supervision; partial training grants for 480 rural and urban teacher trainees per year and 50 home economics trainees; and the salary of a domestic science tutor for 2 years. UNESCO is providing three experts in education, training and audio-visual aids. FAO is providing an expert in nutrition and home economics against reimbursement by UNICEF. The Governments of Czechoslovakia, France, the Union of Soviet Socialist Republics and the United States have provided fellowships and audio-visual and teaching materials in connexion with adult education, some of which would be utilized for the women's education programme.

MAURITANIA

HEALTH SERVICES
Continuation, 1965/1966

Allocation approved: \$53,000
against approved commitment

MAURITANIAEDUCATION

First request for UNICEF aid,
mid 1965 to mid 1967

Commitment approved: \$311,000

Allocation approved for 1965/1966: \$156,000

Technical approval: UNESCO

E/ICEF/P/L.505

The object of the proposed project is to increase school enrolment and improve the quality of education; the emphasis in the first phase of the programme will be on teacher training and on the development of a practical curriculum. The major elements of the plan are to increase primary school enrolment by 1,600 pupils; to train an additional 120 primary teachers a year; to create a pilot primary school practice and training area; to develop original curricula and teaching methods, a book and record library, educational radio programmes and a teachers' journal; to augment the school inspection staff; and to broaden the secondary school curriculum by strengthening or introducing the teaching of science, manual arts and technology, home economics, nutrition etc. With the aim of increasing primary school enrolment by 1,600, schools with low enrolment would be regrouped and the training of bilingual teachers would be stressed in order to increase the number of classes without increasing the costs. In order to add 100 new classes per year, it will be necessary to train approximately 120 teachers annually. Refresher courses will be given for teachers already in service. A primary school in Noukchott will be chosen to serve as a practice and training area where student teachers can gain experience in the teaching of academic subjects and also in manual arts, physical education and, for the girls, home economics. A centre for pedagogical studies will develop original curricula and teaching methods suitable for Mauritania, create educational radio programmes, publish a teachers' journal and provide a book and record library for the student teachers and teachers in service. The number of primary school inspection offices would be increased from four to seven in order to cover the entire country. Beginning in October 1965, the secondary curriculum will be broadened to include science courses, home economics, manual arts and an introduction to technology. Close co-ordination will be maintained between the proposed education project and the project for applied nutrition, which UNICEF is already assisting. UNICEF will provide teaching and training equipment for the teacher-training college, the pedagogical centre, 2 lycées, 5 secondary schools and a pilot school; duplicating equipment and books for the primary school inspection offices; 7 vehicles and 2 motor boats for the primary school inspection offices, a vehicle for the teaching adviser and 2 small buses for student teachers; as well as training grants, salaries and travel costs in connexion with the training programme and salaries for two professors for a period of 15 months. UNESCO has provided an expert in rural education, whose services will continue for eighteen months and UNICEF will provide two professors for teacher training in audio-visual techniques and arts and crafts against reimbursement from UNICEF and twelve fellowships in teacher training. The FAO expert assigned to the nutrition education project will remain until the end of 1966 under the Expanded Programme of Technical Assistance and extension of this assistance will be requested for 1967. The continued participation of the FAO horticultural expert, currently assisting in projects in Mauritania and Senegal, will also be requested. The European Development Fund will assist in the construction of buildings while the French Government's Fund for Aid and Co-operation will provide teachers, teaching materials and audio-visual aids.

MOROCCOBASIC HEALTH SERVICES

Continuation,
mid 1965-mid 1966

Allocation approved: \$254,000

Technical approval: WHO

E/ICEF/P/L.591

By the end of 1964, 246 health centres, dispensaries, maternities and laboratories had been constructed or, modernized, and additional facilities of this kind are being opened in the first half of 1965. Owing to financial difficulties, the Government has not been able to undertake as much new construction as had been anticipated, but will be able to meet about 72 per cent of the first-year target. The training of personnel at all levels has continued. Almost 1,700 graduate nurses, sanitation

MOROCCO (continued)

and laboratory technicians, rehabilitation workers, assistant nurses, assistants sanitarians and health auxiliaries graduated in 1964. During 1965/1966, the network of health services is to be reinforced by the creation and modernization of 10 urban health centres, 7 rural health centres, 33 urban dispensaries and 89 rural dispensaries. UNICEF will provide equipment for the new centres and dispensaries, vehicles for supervision in the health districts and bicycles for nurses, audio-visual and duplicating equipment for the central health education service and audio-visual equipment for ten provincial health education mobile units. In the training programme increased emphasis will be put on quality rather than quantity. UNICEF will provide stipends for the training of 70 tutors and 265 assistant nurses, honoraria for instructors and teaching aids and demonstration equipment for three new rural training centres. The school treatment aspects of the trachoma control campaign are being taken over completely by the Government in 1965. UNICEF will continue to provide one fifth of the antibiotic ointment needed for the mass campaign which will be intensified in rural areas, stressing the treatment of children. UNICEF will also provide some anti-malaria drugs to be dispensed as part of the public health services. For transport maintenance UNICEF will supply supplementary equipment for the field workshop. WHO has a team of health advisers in Morocco, including an ophthalmologist, two nurse advisers, a laboratory technician tutor and a statistician, in addition to advisory personnel for malaria, who will continue to provide advice and guidance on the various aspects of the project.

MOROCCO

MOTHERCRAFT AND HOMECRAFT
Continuation, mid 1965 to mid 1966

Allocation approved: \$40,000
Technical approval: United Nations Department
of Economic and Social Affairs and FAO

E/ICEF/P/L.622

The aim of the project is to intensify the teaching of mothercraft and homecraft through community centres. Expansion of this work proceeded somewhat more slowly than had been planned during 1964 owing to budgetary restrictions which prevented the posting of adequate staff to many community and women's centres. At the end of 1964, there were 196 centres throughout the country offering mothercraft and homecraft education and 80 day-care centres each caring for an average of 80 children between the ages of three and seven. The training programme has continued, with emphasis on refresher training for the 480 monitrices in service. All central training functions are concentrated in Youssoufia (Rabat). The plan for 1965/1966 calls for intensification of the work of the women's and community centres would remain with more emphasis placed on family gardens. The number of day-care centres will be increased from 80 to 100, completing the network planned by the Government. UNICEF will provide proto-type play equipment for the 20 additional day-care centres and demonstration gardening equipment for 30 community centres. The training programme would continue to concentrate on refresher courses for personnel in service. Two new regional training centres would be opened in Taza and Rabat-Prefecture. Three courses are planned for 40 monitrices and two courses for 50 directors of community centres at the Youssoufia Centre, as well as three courses for 25 monitrices at each of the thirteen regional centres. The regional centres will add horticulture and poultry-raising to their training programmes. The in-service training of local staff will also continue at the pilot community centres located in the main towns of the districts. UNICEF will provide half-stipends and honoraria for the courses, as well as basic equipment for the two new regional centres and supplementary equipment for the eleven previously assisted. A new aspect of the programme is the proposed training of young girls who have completed primary school but are not continuing their formal education. The courses, of about two months' duration will be held in the women's centres during vacation periods and would stress home economics, health, education, nutrition education and first aid. An FAO group-country horticulturist will be available for consultation on the development of demonstration gardens.

NIGER

HEALTH AND SOCIAL SERVICES
Continuation, mid 1965-mid 1967

E/ICEF/P/L.538

Commitment approved: \$172,000
Allocation approved for 1965/66: \$68,000
Technical approval: United Nations Department
of Economic and Social Affairs and WHO

As part of the new four-year plan (1965-1968), UNICEF will help in the development of the following health and social welfare activities:

The plan has the following elements:

- Health infrastructure: Seven health regions will be created and provided with central hospitals and maternities. At the intermediate level (arrondissement), the services will be modernized during subsequent phases. At the local level (commune), 30 of the 92 existing dispensaries will be up-graded and 8 new dispensaries constructed. Within the framework of the rural development programme, 200 health aides and 50 traditional birth attendants (matrones) will be trained and assigned to the villages each year.
- FCH and social infrastructure: Efforts will be concentrated on the training of personnel to provide adequate staff for existing centres. Nurses and midwives will be trained at the Niamey school. Following the arrangements made with the United Nations Special Fund and WHO, additional teaching staff have now been provided and the enrolment has been raised to 100; in 1966, 110 students will be enrolled. Social workers and aides and home economics instructors will continue to be trained outside of Niger for the present.
- Endemic diseases: The Mobile Medical and Health Education Organization (OMNES) and the treatment teams will continue their survey and control activities at the current pace. Their work will be supported by mobile medical and health units; one of these will be established in the main town of each health region; these units will gradually assume responsibility for preventive activities in a defined area. Five units will be created during the period of this plan.
- Environmental sanitation: A WHO sanitary engineer will assist in the development of a pilot zone for training and demonstration of environmental sanitation activities. Meanwhile a group of sanitarians and technicians will be trained at the School of Nursing, Niamey.

UNICEF will provide basic equipment for the Niamey Hospital, four maternity units, five mobile health units and ten local centres; drugs and campaign equipment for endemic disease control; training and well construction equipment for environmental sanitation; transport for supervision, mobile teams and environmental sanitation activities; and stipends for 400 nursing aides, 100 matrones and 80 nurses in courses of varying lengths over two years. WHO is furnishing a large team including a public health planner/administrator, a doctor and a nurse for the development of a pilot tuberculosis control plan, a sanitary engineer and three nurse tutors. The Bureau of Social Affairs of the United Nations Secretariat is expected to provide a social expert.

NIGERIA

HEALTH SERVICES (EASTERN REGION)
Continuation, 1965/1966

Allocation postponed: (\$30,000)

The United Kingdom Committee for UNICEF has assumed responsibility to raise funds for this project and the allocation of \$30,000 for the next 12 months against the approved commitment is therefore postponed.

NIGERIA

LEPROSY CONTROL
Continuation, 1965/1966

Allocation approved: \$72,500
against approved commitment

NIGERIAEDUCATION (NORTHERN REGION)
Continuation, 1965/1966Allocation approved: \$252,000
against approved commitmentRWANDAEDUCATION
Continuation and new plan
mid 1965 - mid 1967Commitment approved: \$115,000
Allocation approved for 1965/1966: \$65,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L.569

The goal of this project is to educate young people in a way that will not create artificial needs and aspirations, and will harmonize with the way of life of the population as a whole. Since 1962, efforts have been directed towards the education of girls. Inspired by the positive results achieved, the Government has decided to initiate a similar programme for boys, to provide very practical training which will permit young men to take a definite part in the progressively improving economic and social life of the rural areas. In the first two-year phase of the plan, 30 rural education centres will be opened, each with a capacity of 100 students. There will be three instructors per centre, providing about 40 hours of instruction a week: seventeen hours of agriculture (nursery and market-gardening, irrigation, drainage and protection against soil erosion), fifteen hours of manual arts (wood and metal work and simple mechanics) and eight hours of general studies (methodology, arithmetic and civic education). The Ministry of Education intends to recruit about 60 instructors who are already available and give them a further six months of special training in existing agricultural and manual arts centres in order to prepare them for their specific responsibilities. Teachers for the general subjects will come from the normal school system and would be assigned on a rotating basis. Meanwhile, classes for girls will continue. During the two-year period, fifteen new classes will be added to the existing thirty-six, bringing the total number of students to 1,500. Additional instructors will be trained in six-month courses to take charge of the new classes. Refresher courses will be provided for existing personnel. UNICEF will provide equipment, including sewing machines, basic materials and cooking equipment, for 15 new girls' centres; teaching and demonstration equipment for 30 centres for boys; and training grants for 90 monitors in 6 month courses and 12 day refresher courses for 104 existing staff.

SENEGALMILK COOPERATION
First request for UNICEF aid,
1965-1967Allocation approved: \$93,000
Technical approval: FAO

E/ICEF/P/L.565

A small milk processing plant will be established at St. Louis about 250 kilometres north of Dakar. The plant will have an initial capacity of 5,000 litres per day and capable of enlargement later. A network of collection stations will be set up in the surrounding production area. Local milk, after collection and treatment at the plant, will be "toned" and supplemented by imported skim milk powder in order to offset seasonal shortages in production and to reduce the retail price to the consumer. Almost all of the milk will be packaged in low-cost plastic containers for distribution on the local market. One year after the processing plant begins operations, a milk distribution programme for priority groups will be initiated under government subsidy. Insofar as technicians are not available from bilateral aid sources, they will be recruited abroad. Meanwhile, a fellowship programme is being established for the training of senior Senegalese staff abroad. A professional training centre for milk collection station operators will be created at St. Louis with professional staff to be provided from bilateral aid sources. The centre will be equipped to provide theoretical and practical courses of six months' duration, in conjunction with the processing plant, followed by six months of field work under supervision. Provision will be made for ten students during the period of this plan. A mobile demonstration and training unit will also be created to operate in the production areas, to instruct milk producers in the care of herds and improvement of the quality and handling of milk.

SENEGAL (continued)

UNICEF will provide reception and processing equipment for the St. Louis plant, including equipment for a milk control laboratory; training and demonstration equipment for the Training Centre; equipment for three milk collecting centres; transport for training and supervision; stipends for 10 students; and reimbursement to FAO for an expert project manager for 18 months; FAO will provide an adviser to assist in the organization of the Government co-ordinating agency and in the general direction of the project, including training plans. The provision of appropriate fellowships from FAO and bilateral aid sources is under negotiation. Assistance is also expected from French bilateral aid funds for the provision of some technicians for the initial period of the project.

SIERRA LEONE

EDUCATION

First request for UNICEF aid, mid 1965-mid 1966

E/ICEF/P/L.590

Commitment approved: \$324,000
Allocation approved, 1965/1966: \$109,000
Technical approval: FAO and UNESCO

With the help of a UNESCO educational planning adviser, the Government has prepared a national development programme in education for the five years 1964-1970. The following aspects will be assisted by UNICEF:

- Primary schooling: The primary curriculum, which varies at present from seven to nine years, will be covered in six years. Enrolment will be increased by 56,000 pupils by 1970 and 650 additional classrooms will be opened. Homecraft activities for girls and physical education and sport for boys will be developed in demonstration centres in each of eight key localities, and attention will be given to the possibility of incorporating school gardens, handicraft and health education into the school programme.
- Primary teacher training: About 1,840 teachers will be trained, bringing the total of teachers in service to around 5,000 in 1970. To raise the standards of teacher training, the lowest level will be discontinued and the basic standard for the teacher's certificate will be set at four years of secondary education, followed by three years of teacher training. Teacher training will be offered in four colleges which are to be enlarged and up-graded and in six new colleges to accommodate a total of 2,500 teacher trainees by 1970. Twelve primary practice schools will be established for use in connexion with the training colleges.
- Secondary education: The curriculum at the secondary level will be organized in three units (academic, trades and agriculture) and will provide a broad and practical range of subjects. Thirty-two of the existing secondary schools will be expanded and up-graded and fifteen new secondary schools opened with a view to doubling enrolment to a total of 21,500 pupils by 1970. Qualified staff, laboratories, science equipment and student libraries are the main prerequisites for bringing about the desired improvements.
- Technical trades schools: Eight new technical trades schools, each with 200 places, to be established in connexion with the secondary schools, will offer a three-years' course, limited initially to the building trades, carpentry and masonry. Instructors will be trained at the well-equipped Technical Institute in Freetown, twenty being admitted each year for a three-year course. A ninth trades school will be established for boat building and fishing.
- Agricultural schools: Twelve schools will be established to provide rural primary school leavers who do not pursue a full secondary course with two years of practical, productive training in farming. As in the case of the trades schools, these farm-training units will be associated with other local secondary institutions and share common amenities in a common experience.

SIERRA LEONE (continued)

UNICEF will provide general teaching aids for twelve practice primary schools; home economics supplies and physical training equipment for twelve demonstration centres; general teaching aids and library books for three existing and five new colleges; home economics supplies for four mixed colleges; science laboratory equipment and library books for 27 existing secondary schools; tools and workshop equipment for five trades and six agricultural schools; laboratory and workshop equipment for one technical institute; fourteen small buses for teacher-training colleges and agricultural schools; training grants for 60 technical instructors; and reimbursement to UNESCO for the salary of a technical education expert for 18 months. UNESCO will also provide three specialists to staff the School Building Unit. The United Nations Special Fund is providing substantial assistance to the Milton Margai Training College. The United States Agency for International Development (US/AID) has been requested to provide credits to finance buildings for the Development Programme in Education to a total value of US\$5,000,000.

SIERRA LEONE

BASIC HEALTH/MCH
Continuation
mid 1965 - mid 1966

Allocation approved: \$64,000
Technical approval: WHO

E/ICEF/P/L.607

Personnel shortages and budgetary limitations have delayed the implementation of several planned activities. Training has proceeded at the health training schools at Mogadiscio and Hargeisa, and practical in-service courses have been afforded to students at the Balad Health Centre and its surrounding demonstration area. In the Balad area MCH services have been established and some practical demonstrations of village latrine construction have been carried out, combined with health education work in which trainees have co-operated under supervision. Preparations have been completed for the integration of disease control activities in the area. Good progress has been made in the medical supply organization, which is being developed with WHO expert advice, and a Somali counterpart has been trained so as to take over this responsibility in July 1965. Following visits by UNICEF regional transport officers, the basis has been laid for establishing a vehicle maintenance workshop.

During 1965/1966 the auxiliary training programme will be intensified and expanded as far as facilities permit. Courses are planned for 55 health superintendents, 55 public health nurse/midwives, 40 sanitarians and 56 laboratory and X-ray technicians and assistants. In addition a number of refresher courses of two to three months' duration are planned in the Balad area. Fifteen nurses will be trained at the Hargeisa Training School. During the period it is expected that construction of eighteen public health wings will be completed, as well as the upgrading of five regional and four district hospitals. The placement of newly trained staff and the integration of curative and preventive services will continue. UNICEF will provide supplementary teaching and training equipment for Mogadiscio and Balad areas; basic equipment, drugs diet supplements, soap for 50 selected centres; one small vehicle for supervision; tools and workshop equipment and spare parts for transport unit; the salary of a transport officer for the first year; stipends for the training of varying numbers of auxiliary health personnel; and honoraria for part-time lecturers. WHO will continue to provide a team of sixteen advisers as well as a number of fellowships in various fields.

SIERRA LEONE

EDUCATION
Continuation, 1965/1966

Allocation approved: \$85,000
against approved commitment

SOUTHERN
RHODESIA

APPLIED NUTRITION
First request for UNICEF
assistance, mid 1965-mid 1967

Commitment approved: \$88,000
Allocation approved for
1965/1966: \$50,000
Technical approval: FAO and WHO

E/ICEF/P/L.533

The main object of this project is to improve nutritional standards of the rural population through the development of programmes in agricultural extension, home economics and nutrition. The programme will be initiated as a pilot scheme in selected areas in six provinces. Training courses will be designed for members of the extension staff in order to strengthen existing services. Short courses in the better utilization of available and potential food supplies will be given to selected farmers, chiefs and others. Courses will also be given for progressive farmers' wives and leaders of women's organizations, with particular emphasis on those agricultural and domestic tasks for which women are usually responsible. Special courses will be given in poultry farming and fish farming in order to encourage local producers to concentrate on these potential protein-rich sources of food. During vacation periods, school teachers will be trained in the practical aspects of nutrition education and extension methods, the preparation of audio-visual aids and the organization of rural youth clubs. Suitable texts and teaching aids for food production, family nutrition and home economics would be prepared and tested in conjunction with the training courses. UNICEF will provide supplies and equipment for 120 gardening and poultry farming units; education materials and equipment for the Kayisa Home Economics Institute and for 6 home economics and nutrition centres; audio-visual equipment and supplies and production materials for the training courses; transport; and training grants for courses and seminars in leadership, home economics, nutrition, poultry management, rural youth leadership, horticulture, extension methods and rural youth work for varying periods. FAO will provide technical guidance on the project, and, subject to the availability of funds, will provide an expert in agricultural extension and rural youth work.

SWAZILAND

BASIC HEALTH SERVICES
AND TRAINING
Continuation and extension,
mid 1965 to mid 1967

Allocation approved: \$17,000
Technical approval: WHO

E/ICEF/P/L.514

The objectives of the project for the next two years are as follows:

- Basic health services and training: There are at present 9 district hospitals with a total of 861 beds and 39 subsidiary health centres each staffed by a trained nurse. Two mobile units are planned to augment these services. The staff at Government centres is to be doubled to provide a home-visiting services, and facilities for maternity cases are to be improved. Fifteen mission centres will be upgraded, each to be staffed by a nurse or midwife, plus a doctor in attendance. The quality of training in midwifery will be upgraded in the next two years through the provision of better teaching materials.
- Tuberculosis control: A wider search for cases is envisaged, with less emphasis on surveys on the entire population, and greater attention to persons with symptoms of chest disease. A survey of facilities at health centres will be carried out with a view to training personnel from these centres and training in BCG techniques will be intensified.
- Immunization: The Government plans to undertake an itinerant country-wide smallpox and BCG vaccination campaign, covering the entire Territory once a year. Each mobile unit will be staffed by a health inspector assisted by a male nurse and two field worker/drivers who will give the local people advance information of the time of arrival and the location of the unit. On their first country-wide tour the mobile units will give smallpox vaccinations to approximately 50,000 persons and BCG inoculations to approximately 120,000 persons up to twenty years of age.

SWAZILAND (continued)

- Nutrition: Distribution of dried skim milk will continue to be made for infants and nursing mothers through the health centres, and would be combined with active nutrition education and demonstrations of child feeding.

UNICEF will provide basic ICH equipment for 15 mission health centres; supplementary equipment for 12 government health centres; teaching and demonstration equipment for the Nurses' Training Schools; X-ray, campaign and laboratory supplies and drugs for tuberculosis; vaccination equipment and supplies for immunization; and transport. A team of six WHO experts will continue to assist the tuberculosis control project. The South African Chamber of Mines contributes towards the recurrent costs of the tuberculosis control project. The Commonwealth Development and Welfare Fund also supports this project and assists in the costs of construction of additional rural clinics and in the extension of medical services.

TANZANIA,
UNITED REPUBLIC OF

MALARIA ERADICATION
(Zanzibar and Pemba)
Continuation, mid
1965 - mid 1966

Allocation approved: \$75,000
Technical approval: WHO

E/ICEF/P/L.623

This project aims at the eradication of malaria from the islands of Zanzibar and Pemba, and the ensuring of adequate public health control measures to prevent the re-introduction of malaria from the outside. It is now in the later stages of the attack phase. During 1965/1966 efforts will be concentrated upon ensuring total coverage within the spraying cycles, coupled with geographical reconnaissance and increased surveillance and supervision. All newly constructed huts in the rice-growing areas will be sprayed as soon as they are found, irrespective of the time of the year. In Pemba, it may be possible to foresee an end of spraying operations after 1966. Because progress in Zanzibar has been less satisfactory, it is considered that spraying will have to be continued for at least one additional year. Revised arrangements have been made for the maintenance of vehicles, making maximum use of available commercial workshops to supplement the governmental facilities. Arrangements are being made to ensure the distribution of drugs to all immigrants who arrive in the islands through legal ports of entry. For illegal immigrants a plan for control by the local administrations is being prepared. UNICEF will provide 250,000 pounds of DDT; anti-malaria drugs; sprayers and spares; and WHO will continue to provide a team of five experts, headed by a malarialogist.

TANZANIA,
UNITED REPUBLIC OF

EDUCATION: HOME ECONOMICS
First request for UNICEF
aid, 1955-1967

Commitment approved: \$55,000
Allocation approved
for 1965/1966: \$24,000
Technical approval: FAO, UNESCO, WHO

E/ICEF/P/L.506

The aim of this project is to assist in raising the living standards of the population through a programme of home economics education dealing with the family as a socio-economic unit. The objective will be achieved through improved training in home economics for the teaching staff at the teacher-training colleges and for girls at the secondary school level. Improved advisory services and supervision will be provided for schools and training colleges, as well as improved training of staff for further development of the Home Economics Department of the Ministry of Education. Home economics facilities at selected teachers' colleges and secondary schools will be expanded. Audio-visual and other teaching aids, including manuals and textbooks will be developed. Three one-month in-service courses will be organized each year. A maximum attendance of 20 teachers per course is planned.

...

TANZANIA, UNITED REPUBLIC OF (continued)

A co-ordinating committee is to be established, comprising representatives of the training departments of participating ministries, with a view to correlating the development of this project with that of the UNICEF-assisted community development/mothercraft-home craft project and the Musoma Training Centre. The main responsibility of the committee will be to make recommendations concerning related training programmes and other policy matters. UNICEF will provide domestic science equipment for three teacher training colleges, 13 secondary schools and 30 upper primary (demonstration) schools; and the cost of printing home economics manuals.

<u>TOGO</u>	<u>HEALTH SERVICES</u>	Commitment approved: \$188,000
	Continuation	Allocation approved for
	mid 1965-mid 1968	1965/66 <u>\$67,000</u>
	E/ICEF/P/L.568	Technical approval: WHO

During the period of the three-year plan, it is expected that reorganization of the southeast region will be completed. Extension to the three remaining regions will proceed systematically thereafter. Environmental sanitation activities are being developed in the pilot zone. In the first instance, health centres and schools will be provided with water supply facilities, while wells, water adduction, drainage and latrines will be installed in selected areas on a demonstration basis. Health education will also be carried out. A regional sanitation bureau will be created, and two subsidiary district bureaux each year as expansion of activities is warranted. The training of nurses and midwives, and other auxiliary health staff will be continued. The two-year courses for nurses at the Lomé Training School will be continued at the present level (with from thirty to forty new pupils per year), and the course will be extended to three years when the new buildings are completed. The one-year course for midwives at the new midwifery school will be maintained for ten students per year. Practical training and refresher courses for doctors, nurses, sanitarians, midwives and matrones will also be provided in the demonstration zone, where a school has now been established.

All health services in the demonstration area will be streamlined and endemic disease control activities integrated. Meanwhile, yaws and leprosy control campaigns will be continued during the next two years, with increased attention to case finding by bicycle and motorized bicycle teams. The endemic disease control services will be integrated progressively into the general public health services with a view to reaching complete consolidation stage by 1968. Welfare services will be co-ordinated with the services of the health centres. The four main health centres will be re-staffed and up-graded in preparation for later expansion to these regions. UNICEF will provide selected basic equipment for a district hospital, 8 health centres and 63 sub-centres; drugs for leprosy and yaws; wall construction equipment and training equipment for the sanitarians' school; transport; and training grants. WHO will provide the services of a public health administrator, a nursing adviser, a nurse tutor, a midwife tutor, a health education adviser, a sanitary engineer, a yaws/leprosy adviser and a laboratory technician, as well as four fellowships for public health doctors and four for public health nurses. The Fonds d'Aide et de Coopération (FAC), The Government of France and the United States Agency for International Development have provided buildings, supplies, personnel and fellowships. Assistance is also anticipated from the Governments of the Federal Republic of Germany and of Yugoslavia.

TOGO

SOCIAL SERVICES AND
COMMUNITY DEVELOPMENT
Continuation and extension,
mid 1965 - mid 1967

Allocation approved: \$38,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO, WHO

E/ICEF/P/L.563

Provision has been made within the Government's 1966-1970 development plan for expansion of social welfare and community development activities, with emphasis on expansion in the rural areas. Regional centres for social welfare will be attached to each of the four existing regional health centres at the rate of one centre per year, each staffed by an experienced social worker and four auxiliaries. The continued regional centres will be a focus for the co-ordination of social, health and cultural activities in the region, introducing a new and broader concept for the country and serving as a stimulus to the rural population in an endeavour to raise the standards of living. The social centres will provide in-service training for social welfare auxiliaries and will organize and supervise an extensive service in the rural areas by means of teams of "animatrices" and auxiliary social workers based on the rural health sub-centres. During the two-year period four social workers and 26 auxiliary workers will be trained. Eight additional day-care centres will be organized and five day-care aides trained. Ten rural school canteens will be developed at the rate of five per year. School gardens and small-animal raising units will be established in the same schools.

A national youth movement was created in 1962 to develop the educational, cultural and agricultural activities of rural youth, and thus combat the exodus from rural areas and the maladjustment of young people thrust suddenly into urban life. The agricultural section of the movement is concerned with promoting the training of young men as leaders of agricultural clubs and as helpers in their rural communities in the application of improved methods of food production and use. An experimental training farm has been established at Glidji, in the district of Anecho where some 120 youths have been trained in the past two years in courses lasting up to six months. The schools' and clubs' section of the youth movement combines simple, practical instruction within the school curriculum, e.g. school gardens, poultry and small-animal raising, with out-of-school activities and youth clubs. UNICEF will help to improve the training facilities at the demonstration farm and in the clubs and to promote extension of the activities to girls, for whom less has been done than for boys during the experimental stage. The plan calls for the creation of 75 new agricultural clubs for middle school pupils and 30 clubs for rural youths who have left school. Nine girls' clubs will be established, including instruction in home economics and mothercraft/homecraft subjects. UNICEF will provide basic equipment for 2 social centres, 20 social teams, 8 day-care centres, 10 school gardens, canteens and poultry-raising units; teaching and demonstration equipment for the Glidji farm and gardening equipment for 75 school clubs, 30 agricultural clubs and 9 girls' clubs; transport; and training grants for 26 social aides, and 5 day-care centre aides. The United Nations Department of Economic and Social Affairs will provide a social welfare advisor and a training advisor; and FAO would provide a home economist under the Expanded Programme of Technical Assistance. WHO experts already in Togo will also be available. The World Food Programme, the Government of Israel, the Israeli Peace Corps and the United States Agency for International Development are also assisting the programme.

TUNISIA

BASIC HEALTH SERVICES
Continuation and expansion,
1966

Allocation approved: 394,000
Technical approval: WHO

E/ICEF/P/L.636

Efforts are being concentrated on strengthening the network of basic health facilities and central services, establishing a pilot public health zone for the demonstration of integrated preventive and curative services, and on the training of medical, para-medical and auxiliary personnel. Four new maternities will be created during 1966, and the children's hospital, already constructed at Tunis, will be put into operation. It is planned to up-grade 33 rural health centres and create five new ones. The central public health laboratory will be strengthened as will the central statistical services and the national health education centre. In order to develop an integrated programme of preventive and curative services, a demonstration area will be organized in the Governorate of Cap Bon in accordance with the suggestions of WHO. The area selected is predominantly rural and has 265,000 inhabitants. The plan is to divide the zone into eight health districts, each having a main health centre which will supervise the sub-centres and MCH centres. Existing facilities will be reorganized, up-graded and provided with adequate personnel. The only new construction envisaged is a school health centre. The training programme will continue with a three-day orientation seminar for twenty expatriate doctors, in service training courses 10 midwives and 30 health auxiliaries, orientation seminars in public health for 20 doctors and 100 nurses, health inspectors and health educators working in the pilot zone, on-the-job refresher training for 33 public health nurses in the pilot zone, and information seminars on health and nutrition education for 50 primary school directors and teachers in the pilot zone. UNICEF will provide equipment for the facilities and services described above, kits and vaccination equipment for 30 public health nurses, 25 midwives and 7 vaccination teams; 250,000 tubes of antibiotic ointment and 75,000 doses of EPT vaccine; transport for supervision; equipment for a central transport workshop and a mobile maintenance unit; and stipends and honoraria for refresher courses and orientation seminars including 230 participants. WHO will continue to provide advice and guidance through its team of experts in the country.

TUNISIA

SOCIAL SERVICES AND
MOTHERCRAFT/HOME-CRAFT
Social services: first request
for UNICEF mid Mothercraft/
homecraft: continuation, mid
1965 to mid 1966

Allocation approved: 367,000
Technical approval: United Nations
Department of Economic and Social
Affairs, FAO

E/ICEF/P/L.633

The objective of the project is to strengthen services for families and children through better organization at the national and regional levels, improvement of creation of a variety of institutions for children and youth, training of personnel and a shift in emphasis from curative to preventive services. The following institutions are to be established or up-graded during the next year:

- Seven new centres will be established, each with 60 to 100 places, staffed by 3 child-care workers.
- Twenty educational centres for young children of working mothers will be created; 50 of the 85 existing nursery schools will be up-graded.
- After-school centres will assure supervised educational activities for school children aged six to fourteen who otherwise might roam the streets. Four such centres will be created.

TUNISIA (continued)

- Abandoned children of six years or older are grouped in villages, each consisting of ten living units housing 25 children each. Twenty such villages exist at present and it is planned to establish another three during 1965/1966.
- Youth centres are located on spacious grounds on the outskirts of the cities and provide educational activities and sports for older school children and young working people under the supervision of a director and voluntary personnel. Eight such centres will be created.

In order to pursue and intensify the programme of rural development, the animatrices would continue to visit rural families in their homes and provide assistance in personal and environmental hygiene, sewing, gardening, etc. In addition, 150 family education centres are progressively being established in 100 villages of more than 3,000 inhabitants, in the principal cities and in the agricultural production units. Ten new family education centres will be opened in 1965. Rural home economics training centres are being created to train rural girls aged 14 to 19 in homemaking, child care, civic, moral and family responsibility, local handicrafts, etc. Three are already functioning and ten are to be opened during 1965/1966; each has a capacity of 60 to 80 girls. A staff for these various activities are being trained at the School of Social Work which was opened in October 1964. UNICEF will provide supplies and equipment for the institutions, demonstration and training equipment for 13 rural home economics training centres and for the School of Social Work, transport, stipends and honoraria for the training of 493 persons in special or accelerated courses; and a salary supplement for the director of the School of Social Work for one year.

TUNISIA

PRE-VOCATIONAL TRAINING
Continuation, 1965/1966

Allocation approved: \$113,000
against approved commitment

TUNISIA

URBAN PILOT PROJECT: MATERNAL
AND CHILD WELFARE SERVICES
Continuation, mid 1965 to
mid 1966

Allocation approved: \$46,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.534

In accordance with the Government's general objectives of improving living conditions in crowded urban areas, this project is aimed at organizing a co-ordinated and comprehensive series of health, educational and social services for a population of about 60,000 inhabitants in two outlying districts of Tunis, Djebel Lahmar and Djebel Djelloud. A co-ordinating committee, consisting of members of various government departments and national voluntary organizations participating in the project, has been established and divided into six working groups to advise on various aspects of the programme. The first phase of the project is currently being carried out in Djebel Lahmar. During the second phase of the project, it is planned to complete the base line study with a one-year sample survey of the morbidity and of the nutrition habits of children from 0 to 3 years of age in the two zones. The sanitation and environmental health activities will be continued in Djebel Lahmar and initiated in Djebel Djelloud, where they would include the installation of public wash houses and showers as well as the creation of an MCH centre and a multipurpose dispensary. Djebel Djelloud will also be provided with a nursery school and a centre for out-of-school activities. A day-care centre, a pre-vocational training centre and a centre for basic education and domestic arts will be established in each zone. The supplementary in-service training of personnel at the various centres will continue. Information seminars will be organized for teaching personnel in the two zones in order to explain the purpose and

TUNISIA (continued)

importance of after-school activities and their place in the pilot project. UNICEF will provide supplies and equipment for the new centres one for environmental sanitation activities; transport for field training and supervision, local costs for the base-line survey; stipends; honoraria for lectures participating in information seminars, and salary supplements for the social welfare co-ordinator; the counterpart to the expatriate administrator and the expatriate administrator. The Bureau of Social Affairs of the United Nations Secretariat, the ILO, FAO, UNESCO and WHO, will participate in the implementation of the project and will provide advice and guidance through their experts in Tunisia as required.

UGANDA

MILK CONSERVATION
First request for
UNICEF aid, 1965/1966

Allocation approved: \$62,000
Technical approval: FAO

E/ICEF/P/L.564

This pilot project is an initial step towards the development of a long-term plan for better milk production techniques in Uganda with a view to providing an adequate supply of safe milk and milk products for the population at a price within the reach of low-income groups. The Government will establish four small collecting centres within a radius of 100 kilometers of Kampala to serve as pilot centres to try out methods of collection and cooling. In the first phase, the new collection centres will collect and cool approximately 2,000 litres of milk daily and dispatch it in cans by truck for sale to the Kampala dairy, which, as an interim measure, will be expanded to double its present capacity. It is believed that at a later stage these collecting centres alone could handle up to 16,000 litres of milk per day. Milk will continue to be sold in the retail market in bulk or packaged from until such time as effective control are established, when the supply of safe milk would become more or less equal to the demand and adequate processing and distribution facilities would be set up. A quantity of the milk will be distributed free of cost through schools and children's institutions in Kampala over a period of ten years. Some Ugandan students have already completed courses at the UNICEF-assisted schools for dairy technology and animal husbandry at Egerton College and Maivasha, Kenya. Others are registered for the 1965/1966 courses. The Government plans to continue to make full use of these facilities. Export advice and experienced technicians are also available from the Kenya Co-operative Creameries, which will be closely involved in the development of the Kampala scheme. UNICEF will provide equipment for four collecting centres, three trucks for the transportation of milk, laboratory equipment for milk control and milk processing equipment for interim expansion of the Kampala plant. FAO is providing a full-time consultant in dairying and plant management under the Expanded Programme of Technical Assistance, and the provision of experts in animal husbandry, agricultural statistics and livestock management is also foreseen. The possibility of additional fellowships for the training of national staff is being discussed. The Government has received assurances of bilateral aid from the United Kingdom and Denmark in connexion with its long-term plans in this field.

UPPER VOLTA

HEALTH SERVICES/
SOCIAL SERVICES/ECC
Continuation, 1965/1966

Allocation approved: \$91,000
against approved commitment

UPPER VOLTA

EDUCATION
Continuation,
mid 1965-mid 1967

Commitment approved: \$220,000
Allocation approved
1965/1966: \$130,000
Technical approval: FAO

E/ICEF/P/L.595

The aim of the project is to bring about a modification in rural primary education by emphasis on nutrition, agriculture and health, both in traditional schools and in a new type of three-year school which has been established for young people of 12 to 15 years of age who have had no previous formal education. The Rural Teacher-Training Centre at Kamboince near Ouagadougou, provides ten-month courses for instructors for the new type of schools at a rate of 120 teachers per year. Up to the present, 417 teachers have been trained. During the period 1965-1967, a second rural teacher-training centre will be opened near Bobo Dioulasso during 1965, with assistance from the French Government. Accommodation will be provided for 120 students a year. A centre for the training of woman instructors will also be established in 1965 at Ouagadougou with an eventual capacity of 60 students. It is expected that ten new schools for girls and 120 schools for boys will be opened in 1965 and twenty girls' schools and 120 boys' schools in 1966. Teaching in the girls' schools will include the subjects of home economics and mothercraft and homecraft. UNICEF will provide demonstration equipment and teaching aids for two teacher-training schools, 240 boys' and 30 girls' schools and supplementary equipment for 120 boys' schools opened in 1964; equipment for printing and reproduction of educational material and cost of publication of selected manuals; transport for training and supervision; and training grants for 50 female instructors in 8 month courses. FAO will continue to provide the services of a nutritionist, an expert in agricultural extension and a poultry adviser as well as fellowships in selected fields. The United Nations Special Fund is providing substantial assistance for a project for an agricultural training centre, which is closely co-ordinated with the Government's plans for placement of youth taught under this scheme. Considerable assistance is also being given by the Government of France and the European Development Fund in the form of pre-fabricated buildings for training centres and schools and experts.

ZAMBIA

BASIC HEALTH SERVICES
Resumed, mid 1965 - mid 1967

Commitment approved: \$89,000
Allocation approved: \$60,000
Technical approval: WHO

E/ICEF/P/L.589

The Government, through its newly established Ministry of Health, plans to strengthen existing facilities throughout the country so as to develop a comprehensive basic health service. The following activities will be assisted by UNICEF:

- Rural hospitals and health centres: 2 new rural hospitals will be established, each accommodating 24 to 48 beds and bringing the total number of rural hospitals in the country to 10. Three new district hospitals are to be constructed to replace existing hospitals. 22 new rural health centres will be constructed during the period. Lomdiary midwifery services will be developed and extended in connexion with all these health units.
- Health education: A national co-ordinating committee will be established and a programme of health education, including nutrition aspects, will be developed and given appropriate emphasis in the training of health personnel and school teachers. A mass campaign of health education of the population will be undertaken.

ZAMBIA (continued)

- Training: Para-medical personnel will continue to be trained at the Lusaka Central Hospital, Livingstone Hospital, Lusaka School of Hygiene and the College of Adult Education. Plans are being formulated to initiate state registered-nurses' training at the Llewellyn Central Hospital, Kitwe, in 1965 and to begin training health inspectors up to the standard of the Royal Sanitary Institute of the United Kingdom. A demonstration and training area will be developed for environmental sanitation work, to be co-ordinated with rural and school activities. Refresher courses will be provided for medical and health personnel working in the field.
- Communicable disease control: The expansion of treatment and preventive measures against all communicable diseases will be continued, with emphasis on control of children's diseases through rural health centres and schools. A BCG campaign will be organized on a national scale, based on direct vaccination techniques.

UNICEF will provide basic equipment for two rural hospitals and 22 health centres; teaching and training equipment for two training schools; drugs for communicable disease control; and transport for field training and disease control. WHO will continue to provide a public health adviser and a health inspector-tutor as well as fellowships.

B. ASIA ^{a/}

AFGHANISTAN

BASIC HEALTH: MCH, ENVIRONMENTAL
SANITATION AND NUTRITION

Allocation approved: \$152,000
Technical approval: WHO

Continuation, 1966
E/ICEF/P/L.609

By the end of 1964, the Rural Development Department had established services in nineteen community development blocks with a population of approximately 30,000; extension to four new project areas is being undertaken in 1965. The pattern of development includes: establishment of rural health centres; training of village-level workers; improvement of family nutrition, including agricultural extension work; promotion of environmental sanitation; broadening of primary education, and education of mothers. Since one of the main weaknesses of the rural health services is a lack of trained staff, the training of medical and para-medical personnel, particularly auxiliary nurse/midwives, is being strengthened by up-grading paediatric and obstetrical wards in hospitals in Kabul and major provincial towns.

In 1966, five new project areas are to be established, bringing the total to twenty eight which would cover approximately 15 per cent of the rural population of Afghanistan. On the advice of WHO, piped-water supply will be introduced for demonstration purposes in five selected project areas. Three new auxiliary nurse/midwife training schools will be opened and the paediatric and obstetrical wards of four provincial hospitals and one hospital in Kabul will be up-graded. The distribution of drugs and diet supplements will be continued through 18 provincial MCH centres, 11 polyclinics in Kabul and 28 rural health units. UNICEF will provide supplies, equipment and transport for five rural health centres and fifteen sub-centres; pipe and water supply equipment for five demonstration projects; horticulture and poultry-raising supplies; teaching equipment and transport for education of mothers and for Gulzar Training Centre; equipment and transport for three auxiliary nurse/midwife schools and for paediatric and obstetrical wards of five maternity hospitals; drugs and diet supplements and soap; and stipends for fifteen "home improvement workers". WHO will continue to provide a public health officer, a health nurse and a sanitarian.

AFGHANISTAN

MALARIA ERADICATION
Continuation, 1966
E/ICEF/P/L.526

Allocation approved: \$268,000
Technical approval: WHO

A WHO assessment team, which reviewed the operations of the malaria units and of the central headquarters early in 1964 found that the eradication programme had reached an advanced stage, although there were some weaknesses in the surveillance organization. In order to correct the defects, the Government had decided to increase the surveillance staff by one junior inspector for every 12,000 of the population; to improve training techniques for microscopic detection of the malaria parasite; and to appoint a chief of spraying operations and a director of epidemiology at the central headquarters. The Government also accepted the recommendation of WHO that it should postpone until 1966 the withdrawal of spraying from selected areas, which had been planned for 1965, in order to allow time for the gathering of adequate epidemiological data for the initiation of the consolidation phase. As a result, the attack phase is being continued in all areas except one in 1965, although it is understood that operational findings may permit the entry of some areas into the consolidation phase this year. The revised plan for 1965 calls for the protection of 4,521,000 persons by spraying.

a/ This section of the annex includes projects for which assistance was approved in two UNICEF regions: East Asia and Pakistan; and South Central Asia.

AFGHANISTAN (continued)

It is planned that in 1966 1,889,000 persons will continue to be covered by spraying in the attack phase; 2,908,000 persons will be in the consolidation phase; 524,000 persons will be in areas using larval control measures; and 94,000 persons will be in the maintenance phase. UNICEF will provide laboratory equipment, drugs, 552,200 pounds of EDT, transport and sprayers. The allocation also includes funds to cover a deficit incurred for the provision of additional supplies required in 1965 for the implementation of the WHO recommendation described above. WHO will continue to maintain a malaria advisory team.

AFGHANISTAN

EDUCATION (TEACHER TRAINING)

Continuation, 1965
E/ICEF/P/L.571

Allocation approved: \$193,000
Technical approval: UNESCO

In 1964 the Government inaugurated a five-year programme for the development of primary education through the training of primary teachers and teacher-educators. With the help of UNICEF and UNESCO, an Academy of Teacher Training was established in temporary quarters in the Faculty of Letters at the University of Kabul and started its activities in April 1964. Attached to the Academy is a Teacher Training College, which provides in-service training for the post-graduate teacher training educators. By the end of 1964, the Academy was staffed by a principal provided by UNESCO and five international UNESCO experts, under reimbursement by UNICEF. The Afghan staff consists of a vice-principal, seventeen teacher-educator trainees and five part-time teachers. The course was attended by 87 students in 1964, and the intake during 1965 is expected to be between 90 and 100, plus about 28 teacher-educator trainees, giving the Academy a student body of approximately 120 plus 38 teacher-educator trainees. A number of teacher-educators will be sent abroad each year on fellowships with a view to replacing eventually the international staff.

In 1966, the Teacher Training College will reach its first year of a full programme, with students in each year of the three-year course and with a full enrolment of teacher-educators in training. A demonstration primary school attached to the Academy and two additional demonstration schools will be equipped. UNICEF will provide supplies and equipment for the Academy, reimbursement to UNESCO of the cost of seven experts and twelve fellowships and the salary of a secretary for Academy. UNESCO will continue to provide technical consultation, experts and fellowships. FAO and WHO will be available for consultation on those aspects of training which fall within their respective fields of competence.

BURMA

BASIC HEALTH: MCH

Continuation, 1966
E/ICEF/P/L.482

Allocation approved: \$212,000
Technical approval: WHO

By the end of 1965, a total of 825 rural health and maternal and child health centres will have been opened in Burma; 602 centres were equipped by UNICEF up to the end of September 1964. The paediatric training and services in Rangoon and Mandalay have been improved by the provision of additional equipment for the paediatric departments of the general hospitals. The township hospitals are being strengthened to serve as referral hospitals for health centres, and equipment has been provided to up-grade 80 such hospitals and to install water supply systems and sewage disposal in ten of them.

EU/PA (continued)

An additional 100 health centres are to be established in 1966, and measures for further improvement of paediatric training are to be undertaken at the district hospitals in Bassein and Moulmein. The training of rural health workers will continue, including refresher courses for lady health visitors and re-orientation courses for township medical officers and assistant district health officers. An immunization campaign against diphtheria, pertussis and tetanus (DPT) will also continue, and the production of DPT vaccine at the Burma Pharmaceutical Institute is expected to begin in 1966.

UNICEF will provide health centre supplies and equipment; drugs and vitamin capsules; midwifery kits; sanitation equipment for township hospitals; supplies and equipment for paediatric education; dental equipment; equipment for manufacture of DPT vaccine; 200,000 doses DPT vaccine; transport; and stipends for the training of 80 lady health visitors, 20 township medical officers, 15 paediatric nurses and 30 midwives. WHO has assigned a visiting professor of paediatrics and a paediatric nurse to Burma for two years.

BU/PA

BASIC HEALTH: HANDICAPPED CHILDREN
First request for UNICEF aid, 1966
E/ICEF/P/L.535

Allocation approved: \$23,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

The aim of the project is to improve treatment facilities directly related to physically handicapped children at the Thamaing Rehabilitation Hospital and at the Rangoon Children's Hospital, which will support training in physiotherapy and serve as a National Demonstration Service to instruct medical and para-medical personnel and the public as to the need for rehabilitation of the disabled.

The facilities at Thamaing Rehabilitation Hospital will be up-graded and improved so that rehabilitation services for children can be extended. Prosthetic appliances which have hitherto been manufactured, fitted and serviced for the few children whose parents can afford to pay the costs, will now be available to needy children at a nominal fee to cover the cost of fitting and repair. In the course of the next five years, the Government plans to establish prosthetics appliance repair shops in six district towns and a major fitting and repair shop in Mandalay. Trainees will be recruited in 1964/1965 and trained at the prosthetics workshop at Thamaing. A physiotherapy department, to be established at the Children's Hospital, Rangoon, will care for acute medical and surgical cases and provide a training ground for student physiotherapists. The facilities established at the Children's Hospital and the Thamaing Rehabilitation Hospital will provide a national demonstration service, and a training ground for student physiotherapists, house-surgeons, nurses and prosthetics technicians required for the gradual expansion of services to handicapped children in the districts.

UNICEF will provide nursing, physiotherapy and occupational therapy equipment for Thamaing Hospital and Rangoon Children's Hospital; prostheses and brace parts; a vehicle for training and supervision; and stipends and honoraria for orientation/demonstration courses for approximately 50 house surgeons. WHO is assisting in the development of paediatric units and has assigned a professor in paediatrics and a paediatrics nurse-tutor. The United Nations Department of Economic and Social Affairs is providing fellowships in clinical psychology and speech therapy and in the field of rehabilitation. The Colombo Plan is assisting in the training of physiotherapists, and the Office of Vocational Rehabilitation, Department of Health, Education and Welfare of the United States has made a grant to the Government of Burma for a research project in rehabilitation methods.

EUPMA

TUBERCULOSIS CONTROL

Continuation, 1966

E/ICEF/P/L.528

Allocation approved: \$46,000

Technical approval: WHO

The Government proposes gradually to strengthen its national tuberculosis control programme. A tuberculosis control service suitable for an urban community, integrating the health services of the city, was initiated in Rangoon at the beginning of 1965. The emphasis is on treatment of sputum-positive cases which are the main source of the spread of the disease in the community. In the first year the programme calls for the treatment, with drugs provided by UNICEF, of 2,250 sputum-positive cases. In addition, 7,000 sputum-negative cases are to be treated with drugs supplied by the Government. During 1966 the treatment programme will be extended from the Greater Rangoon area to include an urban centre in Mandalay and a rural centre in Taunggyi. It is anticipated that 5,500 sputum-positive cases will be treated. UNICEF will provide laboratory supplies and equipment, drugs for sputum-positive cases, health education and office equipment and transport. WHO will provide a senior adviser.

EUPFA

BCG VACCINATION: CONSOLIDATION

Continuation, 1966-1968

E/ICEF/P/L.474

Commitment approved: \$97,000

Allocation approved, 1966: \$35,000

Technical approval: WHO

The mass BCG campaign, which started in 1951, achieved its initial objective of testing 4.5 million children early in 1957. A consolidation phase was then instituted for integrating BCG work into the existing health services. Six of the ten main BCG teams have been converted into consolidation teams to train personnel of the rural health centres and MCH centres. By July 1964, a cumulative total of 12.6 million tests and 4.4 million vaccinations had been accomplished, and the staffs of 465 health centres had been trained in BCG work. During the period 1966-1968 the Government plans to continue the BCG vaccination campaign, and to expand it to cover the whole of the country, including the remote areas. In 1963, 485,000 vaccinations were performed. The target for 1964 is 500,000 and that for 1965 is 600,000. In 1966, 1967 and 1968, 650,000, 700,000 and 750,000 vaccinations, respectively, are planned. Health centre personnel will continue to be trained in at least 60 additional centres per year. Of the remaining four main mass campaign teams, one will be converted into a consolidation team in 1965 and another in 1968. Thus, by 1968 there will be eight consolidation teams and two mass campaign teams. Every effort will be made to vaccinate as many pre-school children as possible. UNICEF will provide freeze-dried BCG vaccine, field equipment and supplies and transport.

EURIA

LEPROSY CONTROL

Continuation, 1965/1966

Allocation approved: \$88,000

against approved commitment

CAMBODIA

HOH-CRAFT AND HOME-CRAFT
Continuation and expansion
1966 - 1968
E/ICEF/P/L.534 and Corr.1

Commitment approved: \$31,000
Allocation approved, 1966: \$13,000
Technical approval: United Nations
Department of Economic and Social
Affairs and UNESCO

Assistance was approved in 1963 for a pilot project to establish two village women's education centres for the training of mothers in child care, health and nutrition. By early 1965, one of these was operating effectively; the second was still in the process of development. Since approval of this pilot project, the Government has reorganized the responsible directorate in the Ministry of Education and has expanded its functions to include children not in school as well as adults. The directorate plans to develop additional centres like those included in the pilot project which will concentrate on the education of village women in simple home economics and homecraft, improved care for young children through the establishment of day-care nurseries and kindergartens, and recreational and educational activities for older children not in school.

During the period 1966-1968, the basic training curriculum at the training centre for educators at Tonle Bati will be revised in order to emphasize social welfare aspects for women and children such as mothercraft/homecraft, day-care centres, kindergartens and youth clubs. Refresher training will be given to 102 women educators currently in service in the field. The Government also proposes to establish annually five new women's education centres, each to include a youth club.

UNICEF will provide supplies and equipment for fifteen rural centres, equipment for outdoor and indoor play, handicrafts, home economics and youth clubs; and stipends for 3-week refresher training courses for 102 women educators. A UNESCO adviser is assigned to the programme. The United Nations Department of Economic and Social Affairs, FAO and WHO, which are concerned in the home economics and social welfare aspects of the programme, will provide assistance as necessary.

CAMBODIA

PRIMARY EDUCATION:
TEACHER TRAINING
Continuation, 1966-1968
E/ICEF/P/L.494

Commitment approved: \$248,000
Allocation approved, 1966: \$79,000
Technical approval: UNESCO

In June 1964, the Board approved assistance for the first year of a major programme for the improvement and expansion of teacher training and the introduction into the basic primary curriculum of subjects related to daily life, such as manual arts, agriculture, and home economics. The plan is to be carried out initially in three experimental zones; 20 schools have been selected for up-grading in each zone. The new subjects have been introduced into the basic under-graduate training of primary school teachers, and a refresher-training programme for in-service teachers has been instituted.

The Government proposes to continue the programme for a three-year period, 1966-1968, at the end of which the schools in all three experimental zones will have been up-graded and provided with water supply facilities. A total of 2,400 in-service teachers will have been given refresher training at the rate of 600 a year. UNICEF will provide equipment for 40 schools in two experimental zones, for three mobile libraries and for a model kindergarten; paper and ink for 100,000 textbooks each year; equipment for wells in experimental schools; and stipends and honoraria for refresher training of 1,800 teachers. A UNESCO consultant is assigned directly to the programme, and two "associate experts" will be assigned during 1965. In addition, UNESCO has assigned to the Government an adviser in educational planning.

CEYLON (continued)

During 1965/1966 it is proposed to start a pilot project of community-oriented tuberculosis control in the north-eastern province which would serve as a testing ground for the gradual establishment of similar projects in all provinces of the island. The project will be based mainly on existing community health and medical services, and will emphasize laboratory sputum examinations among patients presenting chest symptoms as the main procedure connected with case finding. Patients with a confirmed diagnosis of pulmonary tuberculosis will then be considered eligible for drug treatment by peripheral centres of the general health services. In addition, systematic BCG vaccination will continue for all school entrants and school leavers, and vaccination for new-born infants will be extended to additional hospital maternity wards. UNICEF will provide two fluorophotographic cameras, laboratory equipment and supplies and two vehicles. WHO will provide a short-term public health nurse and, at a later date, a medical officer, a statistical assistant and a laboratory technician for an assessment of the project.

CEYLON

APPLIED NUTRITION
Continuation, 1965/1966
E/ICEF/P/L.580

Allocation approved: \$107,800
Technical approval: FAO

The objective of the project is to ensure nutrition through increased production of nutritionally valuable foods and through the education of participating village communities in basic nutrition practices. As a first step the Government is expanding and improving nutrition training at all levels. Key officers are being sent for approximately six months of training in applied nutrition and extension in India. Existing training centres for agriculture and rural development in each of four selected project areas are being up-graded to provide improved teaching of nutrition. Instructors at the centres are being trained in applied nutrition and horticulture; later they will study similar projects abroad and return to train the operating staff of the centres. Training is also being given to non-professional staff of the centres, and teachers in rural schools of the project area are receiving in-service training in applied nutrition and horticulture and in teaching methods pertaining to nutrition and school gardening.

In the second phase of development of the project, the emphasis will be placed on increasing fruit and vegetable production (in school, community and home gardens), poultry raising, fish breeding and fruit and food preservation, in the eighty villages of the project areas surrounding the four training centres. Training will be extended to village-level personnel and would include one-to-three week courses in applied nutrition and horticulture for 12 rural development workers, 16 agriculture instructors, 240 school teachers, 24 public health nurses, 40 midwives, 8 food technologists and 160 men and 160 mothers from the villages. A one-week course in food production will be offered for 160 village youths; a one-week course in simple principles of fish breeding for 80 village men; and a two-week course in poultry raising for 160 village men. UNICEF will provide teaching and audio-visual aids and production and food preservation supplies for four centres; stipends and honoraria for the village-level courses described above; and reimbursement to FAO for the services of a nutrition educator for 15 months.

CEYLON

SOCIAL SERVICES (TRAINING)
First request, mid 1965-mid 1966
E/ICEF/P/L.540

Allocation approved: \$15,000
Technical approval: United Nations
Department of Economic and
Social Affairs

The Government assumed responsibility in October 1964 for the Ceylon School of Social Work which had formerly been an independent institute under voluntary auspices. The school will be developed as a training centre, offering:

CEYLON (continued)

- A diploma course for 10 to 30 students consisting of one year of full-time training and an additional year of practical work and refresher courses;
- Short-term courses of two to three weeks duration for groups of 25 auxiliary social workers (nurses, attendants and public health officers of the Health Department, Divisional Revenue Offices and village headmen);
- Four to eight week evening classes, in which basic principles and methods of social work will be taught to groups of twenty to thirty volunteer social workers;
- Four to six-week in-service training courses for an annual total of 200 employees of governmental departments concerned with social work;
- Seminars and workshops on problems of interest to social workers.

The first diploma course began in December 1964 and it is planned to have all other types of courses instituted by July 1965. UNICEF will provide library books, audio-visual and other equipment; two vehicles for field practice and the salary of a local lecturer. Subject to a government request and availability of funds, the Bureau of Social Affairs of the United Nations Secretariat will provide an adviser on social work training to assist with the implementation of this project.

CHINA

BASIC HEALTH: ENVIRONMENTAL
SANITATION (TAIWAN)
Continuation, 1966
E/ICEF/P/L.475

Allocation approved: \$112,000
Technical approval: WHO

In order to improve sanitation conditions of the health centres and to demonstrate environmental sanitation practices in the adjacent communities, UNICEF has provided pumps and piping for 200 health stations and field allowances for sanitarians. Materials for simple water supply systems have been provided for installation during 1965 in 52 selected rural communities which did not have water supplies. The training of sanitation workers is progressing, and 150 community officers, 20 junior sanitary engineers, 10 water chemists and 27 sanitarians have completed training courses. Health education activities, an integral part of the project, are directed towards the proper utilization and maintenance of the facilities for safe water, sanitary disposal and drainage.

During the period 1964-1973 the Government plans to install 725 simple waterworks in selected rural communities with a population of between 500 and 2,500 each. UNICEF will assist with the installation of an additional 90 waterworks in 1965 and will provide stipends and honoraria for the training of sanitation workers, simple kits for the trained workers, transport for supervision and refrigerators for storing vaccines in the health stations.

CHINA

BASIC HEALTH: PRODUCTION OF FREEZE-
DRIED SMALLPOX VACCINE (TAIWAN)
First request, for UNICEF aid,
mid 1965 to mid 1975
E/ICEF/P/L.527

Allocation approved: \$10,000
Technical approval: WHO

The Government has decided to embark on an anti-smallpox campaign using freeze-dried smallpox vaccine for both mass and routine vaccinations of the child population of Taiwan. The plan is to vaccinate each year 400,000 new-born infants, 800,000 school children in grades I through IV and 250,000 students in Grade I of the junior and senior middle schools. A medical officer and a laboratory technician will be selected by the Government and sent abroad for training at a laboratory producing freeze-dried vaccine. As soon as freeze-dried vaccine becomes available from production in Taiwan, the Government will discontinue the production of fluid smallpox vaccine. The campaign

CHINA (continued)

among school children will be carried out through schools, health stations and health bureaux under the supervision of the Taiwan Serum and Vaccine Laboratory and the routine vaccination of all new-born infants will be carried out through hospitals, health bureaux and health stations. UNICEF will provide for the Taiwan Serum and Vaccine Laboratory a small freeze-dried vaccine production unit with an annual production capacity of approximately 2.5 million doses. WHO will provide the services of a short-term consultant and two fellowships for training in Bangkok.

<u>CHINA</u>	<u>TUBERCULOSIS CONTROL (TAIWAN)</u>	Commitment approved: \$112,000
	Continuation and expansion, 1966-1967	Allocation approved, 1966: <u>\$52,000</u>
	E/ICEF/P/L.498	Technical approval: WHO

Tuberculosis continues to be one of the major public health problems in Taiwan, although the anti-tuberculosis network is among the most advanced in Asia. A provincial tuberculosis training and demonstration centre, for which UNICEF previously provided equipment, is now playing an important role in the island-wide tuberculosis control project. A total of 120 health station workers, 76 voluntary workers and 65 lay home visitors have been trained. BCG vaccination work, assisted by UNICEF since 1951, is being integrated into the regular health structure, with primary attention to the vaccination of infant and pre-school groups. A two-year pilot project, which began in mid 1963, has, under the direction of four tuberculosis centres, been studying methods of approaching communities, of chemoprophylaxis and of domiciliary care of cases. An evaluation of the project will be completed early in 1965.

With the objective of extending a comprehensive tuberculosis control programme throughout the province of Taiwan, a number of additional communities, embracing a population of 800,000, will be brought into the project in 1966 and 1967. These communities will be served by the four regional tuberculosis centres under the technical guidance of the Taipei Tuberculosis Control Centre, and will implement the project through the local health bureaux and health stations in their areas. The BCG Campaign will be further decentralised throughout the province by complete integration into the activities of the peripheral health units. Approximately 272,000 infants and pre-school children (about 17 per cent of the total population) will be vaccinated by health station workers with BCG, without tuberculin tests. Health station workers and newly recruited lay home visitors will receive short field training courses. UNICEF will provide laboratory supplies and equipment, drugs and bicycles.

<u>CHINA</u>	<u>TRACHOMA CONTROL (TAIWAN)</u>	Commitment approved: \$64,500
	Continuation, 1966-1968	Allocation approved, 1966/1967: <u>\$137,000</u>
	E/ICEF/P/L.495	Technical approval: WHO

The revised six-year trachoma control project, approved by the Board in 1962, is now nearing the end of its third year of operations. The three years of experience have shown a satisfactory development of the programme. However, the incidence of trachoma has been found to be higher in some areas than had been foreseen, with the result that additional ointment is required. A "consolidation phase" has been recommended by WHO advisers to ensure that the prevalence rate will be brought down to below 4 per cent. WHO has also recommended that the mass school campaign be extended to reach all students of the middle, vocational and normal schools, and the junior colleges throughout Taiwan. For the fifth year of operations, September 1966 through August 1967, UNICEF will provide 2,233,000 tubes

CHINA (continued)

of tetracycline ointment, transport and field allowances for supervisors. WHO will provide a consultant trachomatologist or an epidemiologist/statistician for the period to the end of 1967. In the final year, 1968, WHO will also provide a consultant trachomatologist and an epidemiologist/statistician to assist in an evaluation of the results of the campaign.

<u>CHINA</u>	<u>EDUCATION</u> Continuation, 1965/1966	Allocation approved: <u>\$116,000</u> against approved commitment
<u>HONG KONG</u>	<u>SOCIAL SERVICES</u> Continuation, mid 1965 to mid 1967 E/ICEF/P/L.530	Allocation approved: <u>\$9,000</u> Technical approval: United Nations Department of Economic and Social Affairs

It is estimated that over 50 per cent of the 447,000 children under four years of age in Hong Kong require some form of day care while their parents work. There are at present 55 day-care nurseries and some 20 residential institutions caring for a little over 9,000 children. As most of the staff of these centres and institutions had had no professional training in child care, the Government, with UNICEF assistance, established in 1962 a training unit consisting of three officers in the Department of Social Welfare. A review of the work of the training unit indicates that it has been providing an essential service. During the two-year period, 266 social workers and day-nursery workers, representing about forty voluntary agencies and three Government departments, had benefitted from the training courses. In view of this success, the Government has agreed to put the training unit on a permanent basis and to absorb the three posts originally financed by UNICEF into the permanent establishment of the Civil Service. In addition, it plans to expand the training unit on an experimental basis by adding to its staff three more training officers whose salaries UNICEF will provide. At the end of another two-year period (mid 1965 to mid 1967), the Government will undertake to continue the employment of these officers if their usefulness has been satisfactorily established.

<u>INDIA</u>	<u>BASIC HEALTH: MCH</u> Continuation, mid 1965 to mid 1966 E/ICEF/P/L.502	Allocation approved: <u>\$1,280,000</u> Technical approval: WHO
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The Indian Government proposes to complete the establishment of a comprehensive network of rural health services and associated facilities within its national Community Development Programme by the end of the Third Five-year Plan in mid 1966. By the end of 1964, UNICEF had given assistance to 1,566 primary health centres, over 4,000 sub-centres, 172 district health organizations, 80 public health laboratories and 133 referral hospitals. Nine state health education bureaux and eleven comprehensive environmental sanitation schemes had been started with UNICEF assistance, and assistance had also been given for the establishment of state health transport organizations in eleven states.

INDIA (continued)

Emphasis during 1965/1966 is being laid on the acceleration of the growth of the primary health centres, particularly in areas which are in the maintenance phase of the malaria eradication campaign. The improvement of co-ordination and the functional relationship between various health institutions in the district administrative units is also stressed. Training of medical staff is given high priority. It is expected that additional states will initiate sanitation schemes on the basis of a recognized pattern for the improvement of rural sanitation in all the states. UNICEF will provide continuing assistance in the form of supplies, transport and equipment for 300 new primary health centres and 1,200 sub-centres with related services, for four new health education bureaux and for sanitation aspects of the programme, as well as drug and diet supplements and milk fortified with vitamin A. Equipment, transport and stipends for various training institutions and courses will also be supplied. WHO public health advisers, public health nurses, and other personnel will continue to assist the project in large numbers.

<u>INDIA</u>	<u>BASIC MCH: PAEDIATRIC TRAINING</u>	Allocation approved: \$245,000
	Continuation, 1965/1966	Technical approval: WHO
	E/ICEF/P/L.489	

The programme for upgrading paediatric departments in medical colleges and district hospitals has gained recognition and support in all the states of India. The aim is to improve the training of medical undergraduates in clinical and social paediatrics and provide a sound basis for post-graduate paediatric training. The purpose of upgrading paediatric departments in district hospitals is to provide services for children at the district level as well as paediatric and obstetrical consultative services at the sub-district level. UNICEF has given training assistance for 51 medical colleges and for the paediatric departments of 50 district hospitals.

With a view to the eventual upgrading of the paediatric departments of all medical colleges and district hospitals, the project would continue in 1965/1966 with aid to 25 additional district hospitals, 6 new paediatric departments of medical colleges and 4 established paediatric departments of medical colleges. Additional aid will also be given to six medical colleges which have been previously assisted; in three of these, surgical paediatric units will be established, and in the other three the training programmes will be expanded to include training in hospitals for infectious diseases. In addition, five pilot schemes will be introduced to establish comprehensive paediatric and obstetrical services in large cities through the linking of paediatric and obstetrical teaching departments with all MCH centres in the city for both teaching and service purposes. UNICEF will provide selected equipment and transport for these activities. WHO will continue its active participation in the programme by appointing visiting professors of paediatrics as well as paediatric nurses.

<u>INDIA</u>	<u>BASIC HEALTH: UPGRADING OF MEDICAL</u>	Allocation approved: \$100,000
	<u>EDUCATION (DEPARTMENTS OF PREVENTIVE</u>	Technical approval: WHO
	<u>AND SOCIAL MEDICINE)</u>	
	Continuation, 1965/1966	
	E/ICEF/P/L.488	

The objective of the programme is to improve the teaching of theoretical and practical public health subjects and preventive medicine for undergraduate students. Since the inception of the programme, the importance of teaching preventive medicine has been generally recognized, and by the end of 1964, 40 medical colleges had been selected for up-grading and training in preventive and

INDIA (continued)

social medicine had become a standard pattern of the compulsory rotating internship. The Government plans eventually to establish departments of preventive and social medicine in all of the 80 existing medical colleges, 10 of which will be created during the year 1965/1966. UNICEF will provide assistance for both academic departments and rural and urban training areas, in the form of supplies, equipment, books and transport. WHO has participated actively, assigning a number of visiting professors of preventive and social medicine and assisting the Central Government in developing principles of public health training.

<u>INDIA</u>	<u>TUBERCULOSIS CONTROL</u>	Allocation approved: <u>\$745,000</u>
	Continuation, 1965/1966	Technical approval: WHO
	E/ICEF/P/L.515	

By the end of 1962, a national tuberculosis survey had provided a basis for planning the national tuberculosis programme, and the National Tuberculosis Institute had been developed for training of key personnel. During 1964, 350 trainees completed such training. By the middle of 1965, in addition to the Institute, a total of seven state tuberculosis centres and eighty district tuberculosis centres are to be developed. The main aspects of the project are: epidemiological investigation; case finding in both rural and urban areas; the organization of effective treatment; sociological studies; and assessment of the results of BCG vaccination. It is expected that an additional 350 personnel will be trained in 1965; this would permit the up-grading of a further fifty district tuberculosis centres, bringing the total number of fully equipped centres to 130. UNICEF will provide static X-ray units, laboratory equipment and vehicles for 30 new district centres; laboratory equipment and vehicles for 20 centres equipped by the Government with X-ray units; supplementary equipment for 2 state demonstration and training centres; and INH powder. WHO will continue to provide the services of a senior medical officer, a medical officer and a statistician, and will provide, in addition, a short-term consultant and a six-month fellowship.

<u>INDIA</u>	<u>BCG VACCINATION</u>	Allocation approved: <u>\$100,000</u>
	Continuation, 1965/1966	against approved commitment

<u>INDIA</u>	<u>TRACHOMA CONTROL</u>	Allocation approved: <u>\$199,000</u>
	Continuation, 1965/1966	Technical approval: WHO
	E/ICEF/P/L.552/Rev.1	

Trachoma control operations have been carried out in the States of Punjab, Rajasthan, Uttar Pradesh and Gujarat (where the prevalence of the disease is over 50 per cent), as well as the States of Bihar, Madhya Pradesh and Jammu and Kashmir where scattered foci of the disease are found. A total of 50 field units had by June 1964 treated about 2 million persons. It is expected that during the period June 1964 to June 1966, an additional 6 million of the rural population will receive curative and preventive treatment. The operations have been conducted satisfactorily and public participation has facilitated the implementation of the campaign. For 1965/1966 UNICEF will provide 2.3 million tubes of ophthalmic ointment. WHO will continue to provide a trachomatologist.

INDIA LEPROSY CONTROL Allocation approved: \$142,000
Continuation, 1965/1966 Technical approval: WHO
E/ICEF/P/L.547

There are in India over 2 million cases of leprosy and the Government has embarked, with international help, on a long-range plan to find and treat them. The current emphasis in the rational leprosy control programme is on the training of medical and para-medical personnel while continuing to strengthen the field structure in areas where the disease is endemic. An improvement in operations was noted in 1964 when the number of registered cases increased from 360,000 to 417,700 and the number of cases under treatment rose from 358,300 to 393,700. There are now 163 leprosy control units. Four new training centres for para-medical workers have been established since mid 1964 bringing the total to eight, in addition to two training centres for medical officers. Over 700 medical officers and 1,457 auxiliary workers received training during the period.

Case finding and treatment are expected to continue in 1965 and 1966 at a somewhat higher level than in 1964. Leprosy officers will be appointed in eight states additional to the six previously covered. Emphasis will continue to be on training and it is planned to establish five new training centres. This will lay the foundation for a large expansion of the campaign as trained staff become available in large numbers. UNICEF will provide drugs, equipment and vehicles for five training centres, vehicles for eight state leprosy officers and stipends for 850 trainees. WHO will continue to provide the services of a consultant leprologist.

INDIA APPLIED NUTRITION Allocation approved: \$878,000
(All India) Technical approval: FAO and WHO
Continuation, 1965/1966
E/ICEF/P/L.544

In framing its fourth five-year development plan, the Government of India recognized the need not only to increase food supplies but also to improve family nutrition. The All-India applied nutrition programme has evolved from successful projects initiated in four states of India and assisted by UNICEF since 1959. A master plan of operations agreed upon by the Government, FAO, WHO and UNICEF, was signed in 1963, and, within the general terms of the master plan, detailed plans have been negotiated with individual states for the initiation or extension of the programme. Projects are in operation in ten states and two Union territories, and negotiations are under way in another five states and one Union territory. By June 1966, it is expected that the over-all plan will be under way in 291 community development blocks, 161 training institutions and 176 production centres. Projects in Orissa and Uttar Pradesh entered the second phase of development in 1963 and those in Andhra Pradesh and Madras entered the second phase in 1964. A total of 257 community development blocks, 136 training institutions and 133 production centres had been established by the end of 1964. The training programme has been accelerated in several states. Orientation training has been given to about 20,000 officials and voluntary workers in the various extension training centres. UNICEF provides equipment and supplies to stimulate the production of fish, poultry, fruits and vegetables and also assists the training activities through stipends and teaching aids. The allocation approved includes funds to reimburse FAO for the continuing services of four experts during the year ending June 1966.

INDIA

EDUCATION (GENERAL SCIENCE)
First request for UNICEF aid,
1965/1967
E/ICFF/P/L.537

Commitment approved: \$2,182,000
Allocation approved,
1965/1966: \$800,000
Technical approval: FAO, UNESCO
and WHO

The Government has drawn up a five-year plan for the strengthening of general science education at primary, middle and secondary school levels with the following specific objectives:

- Development of modern and integrated syllabi and instructional material for schools and for teacher training institutions. Particular emphasis will be given to the introduction of practical elements of health and nutrition education.
- Equipping of schools and teacher training institutions with science laboratory facilities with the aim of designing teaching aids and simple science kits and demonstration equipment as prototypes for effective teaching of general science and strengthening laboratory facilities in the state institutes and teacher-training institutions. Simple tool kits will be provided for laboratories in secondary and elementary schools with a view to developing skills for improving and repairing science equipment.
- Training of science educators and teachers at different levels: This is the most important aspect of the programme. Leadership-training courses will be developed covering both subject matter and pedagogy for the staff of the four Regional Colleges of Education, the state institutes of education and science, and the teacher training institutions. A phased programme of in-service training courses will be conducted for 25 per cent of the existing elementary and secondary school general science teachers to improve their competences and facilitate the effective use of the revised syllabi and of new teaching materials.

The structure and conditions of science teaching vary from state to state; appropriate adaptations will be introduced in the next five years in 25 per cent of the schools. UNICEF will provide equipment for all the primary, middle and secondary schools in one district of each of the 21 states and Union Territories. For the science educators' and teachers' training programme, UNICEF will provide 50 per cent of the costs of equipping 21 State Institutes of Education, 21 State Institutes of Science, 250 training colleges for secondary school teachers and 1,250 teacher-training schools; and 50 per cent of the cost of stipends for 400 science educators. Paper for the printing of syllabi and other instructional material will be furnished by UNICEF. The project has been developed with the participation of the UNESCO Regional Office for Education in Asia, and UNESCO will assign an expert to provide technical guidance to UNICEF-assisted education projects in India. The Government of India is exploring the possibilities of obtaining bilateral assistance for the provision of paper for production of textbooks. The United States Agency for International Development has assisted in the establishment of the four Regional Colleges and teacher in-service training.

INDIA

RUE-VOCATIONAL TRAINING
Contribution: 1965/1966

Allocation approved: \$222,000
against approved commitment

MALAYSIA

HEALTH SERVICES (SABAH,
SARAWAK AND SINGAPORE)
Contribution: 1965/1966

Allocation postponed: (\$49,000)

The United Kingdom Committee for UNICEF has assigned and raising targets in 1965 and funds against approved commitments for the next twelve months are therefore postponed (Rural health Sabah, \$24,000; Rural Health Sarawak, \$6,000, and MCR Singapore, \$19,000).

MALAYSIA

HANDICAPPED CHILDREN (MALAYA)

Continuation, 1966

E/ICEF/P/L.496

Allocation approved: \$28,000

Technical approval: United Nations
Department of Economic and Social
Affairs

This project for the treatment and rehabilitation of handicapped children is progressing according to the plan of operations, and the model rehabilitation centre is to be completed and in operation early in 1965. The centre will provide accommodation for 100 residents between six and twenty-one years of age, of whom 75 per cent are children under fifteen years of age. Facilities for handicapped children to attend as day patients, and full-time formal primary education for all resident children of school age, will also be provided. The staff for the rehabilitation centre has been recruited and its principal has completed training abroad under a United Nations fellowship. The selection of trainees for the rehabilitation centre is in progress, and all eleven of the states of Malaya have set up rehabilitation committees to select candidates to attend the centre, to explore employment opportunities for trained handicapped persons, and to supervise the after-care and follow-up of rehabilitated handicapped children. In 1966, the Government will further develop the model rehabilitation centre by installing additional equipment for the vocational training workshops. UNICEF will provide equipment for occupational therapy and for training in mechanics, gas welding and woodwork. The ILO Regional Vocational Rehabilitation Advisor has helped to organize two training courses in vocational rehabilitation of the handicapped and an ILO expert is assigned to the project for the year ending October 1965.

MALAYSIA

MALARIA ERADICATION

(SABAH and SARAWAK)

Continuation, 1965/1966

Allocation approved: \$35,000

against approved commitment

b/

MONGOLIA

BASIC MATERNAL AND

CHILD HEALTH

First request for UNICEF aid,

1965/1966

E/ICEF/P/L.572

Allocation approved: \$104,000

Technical approval: WHO

The Government proposes to strengthen the maternal and child health organization of the country through the following measures:

- a) Up-grading the Central Children's Hospital and First Maternity Home in Ulan Bator, which are the teaching hospitals of the medical college, in order to provide improved basic courses and refresher courses for paediatricians and obstetricians. After receiving refresher training in Ulan Bator, the chief obstetricians and paediatricians of each province will in turn organize refresher courses in their specializations for the para-medical personnel working in the field. The paediatric and maternity departments of provincial headquarters hospitals will also be up-graded, together with the MCH centres which are a part of the hospitals' out-patient departments;
- b) Opening nurses training schools in provincial headquarters towns at the rate of three per year, with an enrolment of 30 trainees per year;
- c) Providing refresher courses for personnel of creches and kindergartens. These courses will be conducted by faculty members of the Medical College and the Teachers' Training College. A creche and a kindergarten in Ulan Bator will be selected as a training ground, and a production unit will be established to produce simple play and educational materials;

b/ This is the first project to be assisted by UNICEF in Mongolia.

MONGOLIA (continued)

- Reorganizing laboratory services and training personnel for public health work, in accordance with recommendations of WHO consultants;
- Carrying out BCG vaccination of all new-born babies as well as of all eligible children. In order to improve epidemiological work in the field of tuberculosis, the existing bacteriological laboratory will be strengthened to do typing of bacilli and drug sensitivity tests;
- Further development of health education activities through the existing Central Health Education Bureau.

UNICEF will provide supplies and equipment for undergraduate, post-graduate and refresher training of professional and para-medical personnel; supplies and equipment for basic health services, including rural hospitals, health centres, public health laboratories and health education bureau; supplies and equipment for the tuberculosis diagnostic laboratory and BCG vaccination; and transport. The implementation of the allocation will be subject to the prior conclusion of a basic agreement between the Government and UNICEF, which is presently under negotiation. WHO has a team of experts in the country, including an MCH Officer who is assisting in the development of the project.

NEPAL

BASIC HEALTH
Continuation and expansion,
1965/1966
E/ICF/P/L.573

Allocation approved: \$103,000
Technical approval: WHO

During 1964, a network of MCH centres was developed in Kathmandu City and Valley, and for the first time domiciliary midwifery was introduced in the country. The new services provided a training ground for nurse-midwife and assistant nurse-midwife students at the General Nursing School and the Auxiliary Health Workers' School. From the beginning of the Third Five-Year Plan period in mid 1965, the Government plans to develop comprehensive health services and will give priority to areas in which the malaria eradication campaign is entering the maintenance phase. Maternal and child health services will be developed as an integral part of the basic health services, which will also be charged with combatting smallpox, tuberculosis and leprosy. During the first three years of the plan, the Government proposes to establish seven zonal health offices, seven 50-bed zonal hospitals, seven district health centres with associated health posts and two 15-bed hospitals. A public health laboratory will be established in Kathmandu, and the environmental sanitation, smallpox, tuberculosis and leprosy campaigns will be developed. It is planned to train 60 nurse/midwives and 120 assistant nurse/midwives; two schools for assistant nurse/midwives will be opened, one in Biratnagar and the second in Nepalganj.

For 1965/1966 UNICEF will provide equipment and transport for three zonal health offices, three zonal hospitals, one district health centre, and one public health laboratory; equipment and transport for two training schools; drugs and diet supplements; freeze-dried smallpox vaccine; sanitation supplies; supplies, drugs and transport for anti-tuberculosis and anti-leprosy campaigns; and stipends for nursing trainees. WHO will continue the provision of an MCH adviser and a public health nurse. WHO maintains a team of twenty workers in the country in connexion with the malaria eradication programme, in addition to five posts for the disease control and sanitation projects and three for the training of nurse/midwife and health assistants.

NEPAL

EDUCATION (TEACHER TRAINING)
First request for UNICEF aid to
this project, mid 1965-mid 1966
E/ICEF/P/L.575 and Corr.1

Allocation approved: \$109,000
Technical approvals: UNESCO

The aim of this project is to raise the level of primary and secondary education in Nepal through the expansion and strengthening of teacher training facilities and the introduction of revised and improved teaching methods in the schools. The project, developed in consultation with UNESCO, is the first step in a long-term national education programme envisaged in the Government's Five-Year Plan for 1965-1970. In the first three years, the Government plans to strengthen the teaching of science, including health and nutrition and to offer instruction in the English language and in physical education in the primary and secondary schools. Improved teacher-training facilities will be provided:

- A new normal school for primary teachers will be established, with international experts as teacher-educators, and with adequate equipment provided for the school and attached demonstration primary schools. Selected experienced teachers will be sent abroad for training in education.
- The College of Education in Kathmandu, the only existing training institution for secondary school teachers, will be strengthened through the expansion of physical facilities and the provision of experienced teacher-educator specialists in agriculture, home science, manual arts, commerce, English, physical education and science. Fellowships will be awarded annually for experienced teachers to be trained abroad as teacher-educators.
- The production of textbooks and other teaching material will be expanded, UNICEF providing additional equipment and paper for this purpose to the Ministry of Education.

UNICEF will provide science and physical education equipment, audio-visual aids, textbooks and four vehicles for the College of Education; paper for production of textbooks; and reimbursement to UNESCO for the services of three experts for twelve months. Nepal is also receiving substantial support for education from the United States Agency for International Development.

PACIFIC ISLAND COUNTRIES
AND TERRITORIES

BLOCK ALLOCATION
Continuation, 1965-1966

Allocation approved: \$100,000
Technical approvals: WHO

E/ICEF/P/L.475

The Executive Board has twice previously allocated funds to meet requests for small countries in the Southwest Pacific. Out of the block allocations thus approved, allotments are made to individual projects up to a ceiling of \$20,000 per project per year. Additional requests are being considered for six projects in the fields of tuberculosis and sanitation. For the anticipated tuberculosis control projects, WHO will provide a team to visit and advise the territories concerned.

PAKISTAN

BASIC HEALTH: MCH
 Continuation 1966
 E/ICEF/P/L.619

Allocation approved: \$113,000
 Technical approvals: WHO

Pakistan now has 576 new centres equipped by UNICEF and 680 centres receiving drugs and diet supplements as compared with 133 MCH centres in 1950. The maternal and child health programme is gradually being integrated into the expanding rural health programme, which has established 80 rural health units. The Government is also continuing to expand facilities for the training of nurses, midwives and health visitors. An assessment of progress achieved over the last five years will be made in 1965 by a WHO maternal and child health adviser.

During 1966 maternal and child health services will be continued and expanded, including the distribution of drugs, soap and skim milk fortified with vitamin A through the maternal and child welfare centres and the rural health centres. Twenty additional MCH centres and thirty school health clinics will be upgraded, and teaching equipment will be provided for three nurse-training schools, a midwifery school, the Karachi College of Nursing and the Lahore Institute of Hygiene and Preventive Medicine. UNICEF will provide MCH and school health centre supplies and equipment; teaching and demonstration equipment; drugs, diet supplements and soap; transport; and stipends for the training of 240 days, 10 candidates for the tutor's course at Karachi College of Nursing, 2 candidates for MCH Diploma courses at Lahore Institute of Hygiene and 10 nursing trainees at Quetta. WHO continues to provide a team of advisers.

PAKISTAN

BCG VACCINATION CAMPAIGN
 Continuation mid 1965 to
 end 1966
 E/ICEF/P/L.531

Allocation approved: \$239,000
 Technical approvals: WHO

Early in 1965, the Government decided to prepare a national anti-tuberculosis plan which would, among other things, integrate BCG vaccination into the regular health services according to a phased schedule. Pending completion of the national plan, the BCG teams will be continued, some of them working in trial projects which will be carried out in both wings of the country with a view to determining the best means of decentralizing and co-ordinating tuberculosis control and BCG work at the district level. The Government has also agreed in principle to carry out vaccination without prior testing of children up to ten years of age. This approach will be adopted initially in the East wing of the country which has 16 BCG teams presently at work. In West Pakistan the teams have recently been increased from 15 to 24 in order to improve performance. It is planned to increase the vaccination target from 2 million in 1964 to 3 million in 1965 and to 4 million in 1966.

UNICEF will provide field supplies and equipment, freeze-dried BCG vaccine and vehicles. WHO will provide a team, consisting of a medical officer, an X-ray technician, a laboratory technician, and a public health nurse.

PAKISTAN

SOCIAL SERVICES
 Continuation
 mid 1965 - mid 1966
 E/ICEF/P/L.566

Allocation approved: \$11,000
 Technical approvals: United Nations
 Department of Economic and Social
 Affairs

As part of a three-year national training project for child welfare personnel, child welfare training institutes have been established at Dacca and Lahore. These institutes have held five four-week courses for a total of 120 trainees and five six-month courses for a total of 160 child care workers. A seminar has been held on child care and welfare, for persons responsible for the policy making and administration of such programmes as well as a seminar for the East-West staff. The staff

PAKISTAN (continued)

of the training institutes visit children's institutions to maintain contact with the trainees after their return to work. Children's agencies formerly staffed by volunteers are now paying salaries to trained employees. Increased attention is being given to child care and welfare both by the Government and by voluntary agencies.

During 1965/1966 the training of child-care workers at Dacca and Lahore will be continued, with a planned enrolment of 100 persons in three four-week courses and 60 persons in two six-month courses. Also planned are a seminar for policy makers and administrators and a seminar for members of the teaching faculties of East and West Pakistan. UNICEF will provide stipends and honoraria for training of child care workers and for the policy makers' seminar. The United Nations Department of Economic and Social Affairs will continue to provide a family and child welfare adviser to West Pakistan and will provide one adviser for East Pakistan beginning in July 1965. Subject to a Government request and availability of funds, fellowships for study abroad will be granted by the United Nations Department of Economic and Social Affairs for senior personnel associated with the project.

PAKISTAN

MOTHECRAFT AND HOMECRAFT
Continuation, 1966
E/ICEF/P/L.542

Allocation approved: \$43,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

This project is being carried out in several towns in Pakistan, particularly in newly urbanized areas of the country where severe social problems have been created by a rapid influx of population. Support is given to community action in initiating such services as women's clubs, youth clubs, day-care centres, reading rooms, education centres, dispensaries, nutrition education and recreational facilities. These activities are related to other measures to improve the community, such as the building of a community centre on a self-help basis, the establishment of an employment bureau or primary school or maternal and child health centre, the building of streets in the place of lanes, and the provision of piped water and sewage disposal. The activities are carried out in close co-operation with the local government and voluntary agencies. It is estimated that 491 urban community areas need to be developed throughout the country; UNICEF has previously provided assistance for 45 in West Pakistan and 42 in East Pakistan. During 1966, the Government proposes to establish 26 additional urban community development projects, 16 in West Pakistan and 10 in East Pakistan. UNICEF will provide sewing and knitting machines, carpentry tools, typewriters and duplicators, visual aids, and educational toys; supplies for community laundries, kitchens, gardens and sanitation; and scooters and bicycles. The United Nations Department of Economic and Social Affairs is providing in 1965 a general social welfare adviser and a family and child welfare adviser in East Pakistan and in 1966 will provide an urban community development adviser in West Pakistan.

PHILIPPINES

BASIC HEALTH: MCH (1966)
ENVIRONMENTAL SANITATION (1966)
SCHOOL HEALTH (mid 1965 to mid 1967)
E/ICEF/P/L.503

Allocation approved: \$336,000
Technical approval: WHO

The Government is engaged in a comprehensive programme for the improvement and extension of basic health services, many facets of which are being assisted by UNICEF:

Maternal and child health: A pattern of rural health units was established in 1954 and there are now 1,329 such units each serving from two to five village stations on a periodic basis. In 1966, approximately 33 provincial hospitals are to be up-graded; a new nursing school and a new hospital and an institute of maternal and child health will come into operation; and a paediatric nurses' training programme will be carried out.

PHILIPPINES (continued)

Environmental sanitation: Four regional training centres for sanitary inspectors have so far provided in-service training for 780 sanitary inspectors. When sanitary surveys and engineering designs are completed and approved, water supply and sanitation facilities are provided for health centres and, in many cases, for adjacent schools as well. UNICEF has provided equipment for 147 health centres. The local communities provide the labour, the local materials and maintenance. The Government proposes in 1966 to extend clean water supplies and sanitation facilities to 125 health centres, many with adjacent schools.

School health education: During the period from mid 1965 to mid 1967, it is proposed to extend the promotion of school health education by developing a division of health education in the Bureau of Private Schools and in the Bureau of Vocational Education; by establishing a centre at the University of the Philippines for the production of simple audio-visual aids; and by continuing teacher-education activities, with particular emphasis on teachers in vocational and Government-supervised private school.

UNICEF will provide equipment for 33 provincial hospitals; 500 school clinics; 2 hospitals; and the Institute of Maternal and Child Health; drugs and vitamin capsules for rural health units; water supply equipment for health centres; sanitation kits for sanitary inspectors and sanitary engineers; school health education supplies and equipment; transport; and stipends for 2-month training course for 96 paediatric nurses (50 per cent of costs); stipends and honoraria for government personnel, and study grants for students in school health education training. WHO will continue to provide an adviser in school health education, two advisers in environmental sanitation and fellowships in connexion with teacher training institutions.

PHILIPPINES

LEPROSY CONTROL
Continuation, 1966
E/ICEF/P/L.481

Allocation approved: \$24,000
Technical approval: WHO

When UNICEF first extended aid to this campaign in 1954, there were nine sanitarium and four static clinics caring for a total of 7,000 patients. By the end of 1964, ten travelling clinics and the four static clinics were treating 16,000 leprosy cases. It is expected that an additional 1,700 cases will be discovered during 1965. The project discharges about 900 patients annually. In 1963, the project was evaluated by the WHO leprosy team and by a WHO consultant. In accordance with their recommendations, and as a result of a new law, the Government will gradually reduce activities in leprosanaria and expand those in travelling and small static clinics. Two new static clinics and two new travelling clinics will be established and thirty-five additional nursing attendants will be recruited. It is estimated that 3,000 new cases will be found in 1966. UNICEF will provide supplies and equipment for two static and two travelling clinics, field equipment for 35 nursing attendants and drugs and transport.

PHILIPPINES

APPLIED NUTRITION
(PILOT PROJECT)
Continuation, 1965/1966
E/ICEF/P/L.507

Allocation approved: \$15,000
Technical approvals: FAO and WHO

A pilot project in applied nutrition was initiated at Bayambang, Pangasinan, (the site of the Philippine-UNESCO National Community Training Centre) and in the neighbouring municipalities in mid 1964. Dietary, clinical and bio-chemical surveys have been made of selected groups of families and individuals in order to provide a baseline data for the future assessment of feeding programmes. The results of the surveys indicate that the main deficiencies are in proteins, calories and vitamin A and that they are found chiefly in infants and toddlers. During 1965/1966, it is planned to implement programmes of food production, school feeding and nutrition education in twenty of the forty elementary schools in the Bayambang municipality. The nutrition education programmes for infants, toddlers, school children and mothers will be intensified through the demonstration school gardens and backyard farms, the mothers' classes in MCH centres, and the training of teachers, health personnel, agricultural and community development workers, barrio captains and lay leaders. UNICEF will provide kitchen equipment and pumps for schools; pumps for village gardens; irrigation and other equipment for the Bayambang development; a vehicle for supervision; stipends and honoraria for seminars for 60 home economics and school garden teachers and principals, 20 health workers and 20 agricultural and rural development workers; and honoraria for lecturers in classes for mothers and councilmen and for school lunch-time seminars. FAO will provide the services of a nutrition education expert and a horticulturist, as well as fellowships. WHO will continue to provide a medical nutritionist and a fellowship in nutrition.

PHILIPPINES

SOCIAL SERVICE
Continuation, 1966
E/ICEF/P/L.508

Allocation approved: \$30,000
Technical approvals: United Nations
Department of Economic and Social
Affairs and WHO

The Government is pursuing a long-range plan to develop and improve social welfare services for children and families as part of the total development of social services in the country. By the end of 1964, in-service training had been provided for 248 social welfare executives, social workers and child-care workers. A number of study grants have been awarded to selected social workers to complete their professional training. Efforts are being continued to reorganize and disperse the functions of Welfareville, a group of custodial institutions for children which has been considered unsatisfactory. A foster home project, which was initiated with UNICEF aid, is being continued by the Government with its own resources. It is anticipated that by the end of 1965 three urban community centres, three youth centres, five play and day-care centres, two group homes and two youth residences will have been established to provide recreational, vocational and educational opportunities for children and out-of-school youth.

During 1966, the Government plans to continue the in-service and professional training programmes and to establish an additional urban community centre, a youth centre, a play and day-care centre, a group home and a youth residence. UNICEF will provide supplies and equipment for the five new centres; stipends and honoraria for seminars for 60 community centre and play centre staff and volunteer leaders; 13 two-year study grants, 10 one-year study grants, and 15 grants for part-time studies. The United Nations Department of Economic and Social Affairs will continue to provide an adviser on family and child welfare and, subject to a request from the Government and to the availability of funds, will also award one or more fellowships for study abroad for senior staff members associated with the project.

REPUBLIC OF KOREA

HEALTH SERVICES AND TRAINING
Continuation, mid 1965 - mid 1966
E/ICEF/P/L.620

Allocation approved: \$125,000
Technical approval: WHO

With the assistance of a WHO public health team, the Government is strengthening its rural health services and implementing, at the National Institute of Health, a five-year training programme of orientation and refresher courses for all rural health staff. By the beginning of 1965, training had been given to 249 doctors, 296 nurse/midwives, 176 sanitarians and 102 laboratory technicians. A pattern of health services has been established in a demonstration province which will serve as a model for extension of health services throughout the country. Seventeen health centres, one in the urban area of Taejon and sixteen in rural areas, have been developed for training purposes as well as for services. Particular attention is given to maternal and child health work, well-baby clinics, improved maternity services including pre-natal and post-natal care, reporting of vital statistics, health education of staff and public, and investigation of serious problems of rural sanitation.

During 1965/1966, it is proposed to continue the training programme, to develop further the health and sanitary services and the provincial hygienic laboratory in the demonstration province, and to establish maternal and child health centres, well-baby clinics and sanitary services in 88 locations in nine provinces. UNICEF will provide supplies and equipment for National Institute of Public Health Trainings; sanitation, health education and laboratory equipment, midwifery kits and a vehicle for training purposes for the demonstration province; sanitation, MCH centre and well-baby clinic equipment, and bicycles for sanitarians in new project areas; drugs and diet supplements; and stipends and honoraria for training of 200 doctors, 160 nurse/midwives, 80 sanitarians, 60 laboratory technicians, 75 X-ray technicians and 200 MCH centre personnel; and for public health orientation seminar for 34 district officials.

REPUBLIC OF KOREA

TUBERCULOSIS CONTROL
Continuation, 1966
E/ICEF/P/L.493

Allocation approved: \$76,000
Technical approval: WHO

Considerable progress has been made in the programme to intensify BCG vaccination, develop a national tuberculosis control pilot area and extend case finding and domiciliary treatment. By the end of 1964, twenty-six BCG teams had been trained and were working in the primary schools. Vaccination of new-born and pre-school children was being done in the 189 health centres by BCG-trained public health nurses. A total of 3.8 million persons had been tested and 214 million vaccinated. In the national programme for X-ray examination and treatment of tuberculosis cases, the number of patients receiving treatment through the health centres, hospitals and other institutions had increased from 17,000 in July 1962 to over 100,000. The urban tuberculosis control pilot area project in an area of Seoul city has progressed on schedule with over 4,000 patients under treatment by end-1964 (compared with 124 under treatment in July 1962). The rural pilot project area has been established in Puchon, using the rural health centre in that area. The present project activity will be maintained and intensified during the next year. Increased attention will be given to improvement of diagnostic methods, studies of treatment regimens, acceleration of health education and an intensive programme of refresher training of field staff. UNICEF will provide supplies for the BCG teams, the urban and rural pilot projects and the central tuberculosis laboratory and 9 provincial laboratories; drugs; transport; and stipends and honoraria for the refresher training of 156 tuberculosis nurses, 190 tuberculosis follow-up workers, 75 laboratory technicians and 62 BCG vaccinators. WHO will continue to provide the services of a doctor and a public health nurse, and will also provide a team to assist with a national tuberculosis prevalence survey in 1965.

REPUBLIC OF KOREA LEPROSY CONTROL
Continuation, 1966
E/ICEF/P/L.485 and Corr.1

Allocation approved: \$16,000
Technical approval: WHO

UNICEF has given assistance for a pilot project in a selected area of high prevalence for the purpose of determining the best means of case finding and treatment, and has helped to establish four mobile teams in a second province where the project is expected to be in operation in the first half of 1965. Following analysis of progress in the pilot project by the WHO adviser, a revised method of case-finding has been adopted and a central register of all leprosy cases established. In addition, increased efforts are being made to integrate leprosy control activities into the existing health services. During 1966, a mobile leprosy team will be established in each of three additional provinces where the prevalence of leprosy is high, bringing the total to eight teams in five provinces. Information available from health centres, public doctors' records and the community in general will be used to detect cases, and contacts will be traced systematically. To the extent possible, treatment will be provided by existing health centres assisted by team members. The plan also calls for health education of the public and short-term training in leprosy work for all health personnel, including public doctors. UNICEF will provide field and laboratory supplies and equipment; drugs; transport; and stipends and honoraria for training 300 public doctors, 12 team members and 15 discharged patients. WHO will continue the assignment of a leprologist.

REPUBLIC OF VIET-NAM BASIC HEALTH: MCH
IMMUNIZATION AND SCHOOL HEALTH
Continuation, 1966
E/ICEF/P/L.484 and Corr.1

Allocation approved: \$212,000
Technical approval: WHO

The Government plans to extend the MCH project to forty-two of the forty-five provinces by the end of 1966, with the establishment of rural midwifery schools in six provinces; improvement of maternity wards at provincial hospitals in eighteen provinces; improvement of paediatric wards at provincial hospitals in six provinces; establishment of MCH clinics at provincial hospitals in thirteen provinces; improvement of district maternities in three provinces; and establishment of an MCH clinic at a district maternity in one province. An additional eight mobile DPT immunization teams will be activated in eight provinces. The school health programme currently covers approximately 130,000 pupils in forty-two primary schools in Saigon/Cholon. Each school has a full-time nurse. Three school medical centres have been developed, each staffed with a full-time doctor and two nurses, to which the school health nurses refer pupils requiring diagnosis and treatment that cannot be given in the schools. In 1965 two more such referral centres will be developed. There are also two static dental centres staffed by full-time dentists and nurses. Training courses in school health for teachers have been organized; the first such course, in which forty teachers were enrolled, has already taken place. The second is scheduled for 1965. During 1966, the existing programme will be expanded in primary schools and extended to the secondary schools in Saigon/Cholon in accordance with the recommendations of WHO. The extension of school health and dental services to the secondary schools will benefit 27,000 pupils.

UNICEF will provide supplies and equipment for maternity and paediatric wards and MCH clinics at provincial hospitals, for provincial rural midwifery schools, and for district maternities; midwifery kits for 720 newly graduated rural midwives and 500 rural midwives at village maternities; drugs, disinfectants and soap; supplies and equipment for eight immunization teams; school health supplies and equipment for sixteen secondary schools, ten primary schools and four dental units; and stipends and honoraria for refresher/orientation courses for MCH personnel. WHO will provide a school health adviser and an MCH team consisting of a paediatrician and a midwife educator.

REPUBLIC OF VIET-NAM

TUBERCULOSIS CONTROL AND
BCG VACCINATION
Continuation, 1966
E/ICEF/P/L.483/Rev.1

Allocation approved: \$79,000
Technical approval: WHO

Since 1958 the Government, with WHO advice, has been undertaking to build up the nucleus of a national tuberculosis control service, with emphasis on the preventive aspects of the work. The national project has been based on the Hong Bang tuberculosis centre in Saigon, where some 7,000 patients have been receiving ambulatory treatment. This is also the main centre for the training of staff. Control measures have been extended to Cantho in the southern part of the country, covering a predominantly rural population. A third project area is in Hue, where an existing tuberculosis control programme is being included in the national plan. The BCG vaccination programme, which first received assistance from UNICEF in 1952, is being reactivated throughout the country, making use of all health personnel qualified for training in vaccination techniques. The programme will continue to be strengthened in 1966 with emphasis on the training of new staff, particularly BCG staff, and the institution of better and more economical surveillance and case-finding methods as well as trials of new treatment regimens. It is estimated that 1 million BCG vaccinations will be given. UNICEF will provide supplies and laboratory equipment for three project areas, drugs, freeze-dried BCG vaccine, three vehicles and travel and subsistence costs for BCG field training and supervision. WHO will continue to provide a senior adviser and a public health nurse.

REPUBLIC OF VIET-NAM

SOCIAL SERVICES
First request for
UNICEF aid, 1965-1966
E/ICEF/P/L.549

Allocation approved: \$17,000
Technical approval: United Nations
Department of Economic and Social
Affairs

The Government of the Republic of Viet-Nam has reorganized its social welfare services in a Ministry of Social Action in which the care of children who have been orphaned or separated from their parents and the needs of children of working mothers are given high priority. With the assistance of a United Nations adviser on family and child welfare, the Ministry has developed a plan to meet pressing needs. During 1965/1966, high priority will be given to establishment of simple basic facilities for health care and to improvement of sanitation conditions at 25 orphanages and nurseries. Educational activities will be expanded with emphasis on teaching children outside school hours and on the organization of educational recreation and other activities. Refresher training of staff in institutions and day-care centres will be given to 42 selected personnel presently working in the public and private institutions of the area. One-month courses will be held in child care, educational methods, and the use of audio-visual techniques. A model centre for women will be initiated, including a day-care nursery and a kindergarten, with the aim of providing instruction for mothers in family care. UNICEF will provide out-door play equipment for 25 institutions; equipment for institutions and day-care centres; audio-visual, teaching and office equipment; equipment for model women's centre; two vehicles; and stipends and honoraria for refresher courses. A family and child welfare adviser will continue to assist the project, and WHO will participate in the health aspects.

REPUBLIC OF VIET-NAM

EDUCATION
Continuation, 1965/1966

Allocation approved: \$37,000
against approved commitment

THAILAND

BASIC HEALTH: RURAL MCH
Continuation, 1966-1968
E/ICEF/P/L.477/Rev.1

Commitment approved: \$650,000
Allocation approved; 1966: \$263,000
Technical approval: WHO

The number of rural health centres in Thailand's rural health project is expected to increase to 2,492 by the end of 1965 as compared with 262 centres in 1952. First-class centres, i.e., those staffed by doctors, number 148; there are 744 second-class centres, staffed by midwives and sanitarians; and 1,600 midwifery clinics, each staffed by a midwife. In order to keep pace with the growing number of centres, the Health Department is endeavouring to train and recruit more personnel for the rural areas. Efforts are also being made to up-grade the existing provincial laboratories by building new premises and supplementing the existing equipment so that they may serve as public health laboratories. The Government's three-year plan (1956-1968) calls for an increase in the total number of centres to 3,187, including 193 first-class, 744 second-class health centres and 2,250 midwifery clinics; and for the establishment of twenty provincial public health laboratories. The following increases in the number of staff positions are envisaged: from 223 doctors in 1965 to 268 in 1968; from 465 nurses to 597; from 2,380 midwives to 3,130; from 1,530 sanitarians to 2,370; and from 15,700 traditional birth attendants to 18,300. The Government also intends to establish a new transport division, within the Ministry of Health concerned with improved and economical maintenance of the vehicle fleet used in the health services of the country. Maintenance and repair of health transport would be based on a central workshop in Bangkok and carried out through two auxiliary workshops and a network of six mobile and one static maintenance units. UNICEF will provide equipment for 45 first-class and 75 second-class health centres and for 600 midwifery clinics; midwifery kits for 750 nurses and midwives and for 2,600 traditional birth attendants; drugs, diet supplements and soap; training equipment for a midwifery school; supplementary equipment for 20 laboratories; tools and equipment for the transport division; transport; and stipends for the refresher training of 900 midwives and 1,300 multi-purpose rural health workers.

THAILAND

BASIC MCH SERVICES (URBAN)
Continuation, 1966
E/ICEF/P/L.486

Allocation approved: \$23,000
Technical approval: WHO

The objective of this project is to provide a comprehensive maternal and child health service, based on health centres, for the entire population of the capital city of Bangkok/Thonburi. Of the twelve MCH units for which UNICEF has provided equipment, nine are in operation and three are scheduled to open early in 1965. One of the units is used as a field training area for paediatric students of two medical schools. A school health service that is being developed at the same time had been extended by the end of 1964 to reach 30,000 pupils in 60 schools in the vicinity of MCH centres and attended by nurses of the centres, and almost 94,000 pupils in 200 schools covered by the Municipal School Health Division. A dental clinic has been established at each of the health centres, and five mobile dental units, are to be established during 1966. The Health Education Section recently established by the Municipality will, in co-operation with MCH centres and the school health programme, organize health education programmes for communities, teachers, school children and other groups. The central laboratory, staffed by a doctor, four technicians, a nurse and auxiliary personnel, will serve as a public health reference laboratory, supplying consultative and technical services to the health centres and to the school health section. Laboratories within the health centres will provide routine examinations, for which nurses of the centres will be trained by the central laboratory. UNICEF will provide supplies, equipment and dental units for six health centres; nurses' kits and ophthalmic ointment for school health; eighteen sets of laboratory equipment for health centres and equipment for a central laboratory; health education supplies and equipment; and transport.

THAILAND

TUBERCULOSIS CONTROL AND
BCG VACCINATION
Continuation, 1966-1968
E/ICEF/P/L.490/Rev.1

Commitment approved: \$164,000
Allocation approved, 1966: \$56,000
Technical approval: WHO

A mass tuberculosis control campaign to cover the whole of Bangkok/Thonburi has been successfully initiated; a rural pilot project has been completed in Chiangmai and continuing control operations have been instituted; and a third project area has been instituted in Khon Kaen. The Government was one of the first to institute experiments using new drugs, and, beginning in 1965, the combined INH/thiacetazone regimens have been put into general use, thus greatly reducing the cost of treatment. Trials are continuing with other drug combinations and regimens. At the same time, the Government is reorganizing the BCG programme, which has been in existence since 1953. The latest technical recommendations with regard to vaccination without prior testing will be put into effect in 1965. This will permit the integration of BCG vaccination into the work of the health centres and thereby broaden its application. A national BCG assessment team continues to supervise the technical quality of the work. During the period 1966-1968, the Government plans to continue mass case finding and treatment in the three project areas and to institute a fourth project area in Yala. In 1966, the Government will also begin to have health centre staff trained by existing BCG personnel. UNICEF will provide a static X-ray unit and equipment for new project area; X-ray films; BCG field equipment and freeze-dried BCG vaccine; drugs and transport. WHO will continue to provide an advisory team of five members.

THAILAND

LEPROSY CONTROL
Continuation, 1966-1968
E/ICEF/P/L.478

Commitment approved: \$186,000
Allocation approved, 1966: \$45,000
Technical approval: WHO

This project has expanded from a pilot area in one province to 26 of the 71 provinces in the country. It is estimated that 71,000 cases will have been detected by the end of 1965 and that about 6,500 cases will be found in 1966, bringing the total number of registered cases to 77,500 by the end of 1966. In 1964 considerable changes in technical policy were put into effect, with the advice of WHO, with the aim of consolidating and strengthening project operations. A stricter system of control of the admission and registration of patients has been devised; a modified discharge system has been introduced, a revised treatment schedule adopted, and measures taken to improve bacteriological control. The system of recording and reporting has been more clearly defined in order to show the number of cases under actual treatment against the number of registered patients. During the period 1966-1968, it is planned to continue the strengthening of operations and the consolidation of achievements to date. Expansion of the operations to cover three additional provinces is foreseen by the end of 1968 with the aim of reaching 89,000 registered cases by that time. UNICEF will provide drugs, field equipment, transport and stipends for refresher training of 300 auxiliary workers each year. WHO will provide the services of a consultant leprologist, two leprologists and two leprosy control officers.

THAILAND

APPLIED NUTRITION
(NUTRITION TRAINING CENTRE)
Continuation/extension, 1966
E/ICEF/P/L.567

Allocation approved: \$17,000
Technical approval: FAO and WHO

As a step in the development of a sound nutrition programme for the entire country, the Government of Thailand intends to develop a nutrition training centre in the Prasarnmitr College for Education, Bangkok, and has prepared a programme for the first three years. The initial objectives are to include nutrition education in regular basic training of teachers; to develop the curriculum for a course in nutrition education; and to extend nutrition training to other categories of staff as necessary for the implementation of national programmes of rural work. During 1966, a three-month in-service training course in nutrition will be given to 40 faculty members of teacher-training

THAILAND (continued)

colleges, and a similar course to 24 instructors in schools of midwifery and nursing. The syllabus and methods used will be evaluated in terms of teacher performance in the field. It is also planned to develop a curriculum for the course which will enable students to qualify in nutrition education. UNICEF will provide teaching aids, laboratory and kitchen equipment books, a vehicle for practice training and stipends for 40 teacher instructors and 24 nursing instructors. A bilateral agency has been requested by the Government to provide the services of a nutrition expert for at least one year to assist in the planning of the programme and curriculum of the nutrition training centre.

THAILAND

EDUCATION
Continuation, 1965/1966

Allocation approved: \$235,000
against approved commitment

C. EASTERN MEDITERRANEAN

ADEN BASIC MATERNAL AND CHILD HEALTH Allocation approved: \$18,000
Continuation, 1965/1966 Technical approval: WHO

E/IOEF/P/L.611

Pending the formulation of a long-range comprehensive health plan, the project will be continued for another year along the same lines as in the past, with emphasis on the training of auxiliary health staff and the creation of four additional health units to expand the coverage of the services. UNICEF will provide drug and diet supplements, vitamins and soap for 100 health units; standard equipment for 4 new health units; and stipends for 100 health assistant trainees for one year.

ADEN EDUCATION (Teacher training) Allocation approved: \$40,000
Continuation, 1965/1966 against approved commitment

IRAN BASIC HEALTH SERVICES Commitment approved: \$743,000
Continuation and new plan, Allocation approved for
mid 1965-mid 1967 1965/66: \$265,000
Technical approval: WHO

E/ICEF/P/L.529

The development of health services for mothers and children has made considerable progress in Iran over the past twelve years. However, health services are still inadequate to meet the needs of the people, particularly in the rural areas of the country. The Government, with the help of WHO and the United States Agency for International Development, has drawn up a plan which provides for the establishment, over a twenty-year period, of co-ordinated and integrated health services, covering the entire country and involving both governmental and private agencies, with the basic aim of providing a comprehensive network of health areas, as well as referral hospitals and laboratories to support them; establishing an adequate system of supervision; and training personnel in sufficient numbers and of sufficient quality to staff the services properly. Training will be expanded at all levels and new training facilities will be established. Doctors for the rural health centres will be given four-month orientation courses in public health. Nurses' training will be stepped up, and additional nursing schools are foreseen. Five schools for nurses' aides will be expanded and twelve new schools established so as to more than double the output of this category of staff. Three new schools for the training of sanitarian aides will be established, nearly doubling the present output. Courses for laboratory assistants would be created in connexion with the six universities in the country, and training of all other classes of staff will be stepped up. For the period mid 1965-mid 1967, UNICEF will provide supplies and equipment for 419 centres, training and demonstration materials for 15 schools, soap and vitamin capsules, 132 vehicles for field training and supervision and 412 motorized bicycles and stipends for 150 doctors in 5 orientation courses.

IRAN MALARIA ERADICATION
Continuation, 1966

Allocation: 930,000
Technical approval: WHO

E/ICEF/P/L.511

The plan for 1966 is based on a plan to protect the northern eradication zone and to push eradication towards the southern zone as far as possible by conventional means. Until a solution is found for the problems of the south, which account for most of the reinfection of the north, the operational procedures will remain as at present. About 4.2 million will be protected in the attack phase and 7.2 million in the consolidation areas. More than 2.9 million remain at risk in areas where eradication cannot yet be achieved, and where control measures are being carried out by the Government. The total operation in 1966 will cover 63,403 villages with a population of 14,446,000. Extended focal spraying in the areas under consolidation will cover 3,880 villages with a total population of 935,000. UNICEF will provide 4 million pounds of DDT 75 per cent for the eradication zone and 64 utility vehicles for replacement. WHO will continue to assist in the evaluation and assessment of the programme and has budgeted \$20,470 to provide a malarialogist and a secretary in 1966.

IRAQ MALARIA ERADICATION
Continuation, 1966

Allocation approved: \$185,000
Technical approval: WHO

E/ICEF/P/L.523

It is anticipated that operations in 1966 will follow approximately the same pattern as those in 1965. The total population at risk in the northern sector (1.1 million) will be protected by residual spraying only. In the central region, 1.2 million inhabitants in rural areas would be protected by spraying, while the entire population of 2.2 million would be covered by epidemiological surveillance operations. Spraying will be discontinued in two of the three southern provinces, but surveillance will continue in all three (covering a total population of 1 million). UNICEF will provide one half of the DDT requirements for the northern and southern sectors, or a total of 400 tons while the Government will supply the remaining 917 tons needed for operations in 1966. UNICEF will also provide anti-malaria drugs and sprayers and spare parts. WHO will maintain a team consisting of two malarialogists and a sanitarian, and has budgeted \$44,717 for this purpose.

JORDAN BASIC HEALTH SERVICES
AND TRAINING
Continuation and new plan,
mid 1965 to mid 1967

Commitment approved: \$175,000
Allocation approved for
1965/66: \$86,000
Technical approval: WHO

E/ICEF/P/L.626

From mid 1965 to mid 1967, district organizational health units will be set up in the liwas of Amman/Balqa, Jerusalem and Ajloun. The plan is to establish three health centres, ten sub-centres and one referral hospital in the Amman/Balqa liwa in 1965/1966 and similar facilities in the other two liwas in 1966/1967. UNICEF will provide basic equipment for these establishments and a supervisory vehicle for each of the main health centres, as well as expendable supplies for distribution through existing MCH centres and the new sub-centres. The paediatric hospital in Amman will be up-graded through the provision of supplementary technical equipment, including a small rehydration unit which is needed for the treatment of severe diarrheal cases common in the hot summer months. Other related activities (school health services, health education and nutrition) will be consolidated or expanded. The plan calls for the expansion of

JORDAN (continued)

facilities at the nursing and midwifery schools to double their enrolments. Other training activities will be consolidated, including those for sanitarians and laboratory and X-ray technicians, and refresher courses will be organized for various categories of medical and para-medical personnel, particularly those in charge of school health and MCH services and of the referral institutions. A well-balanced fellowship programme will be worked out for the training of key health personnel with a view to making rational use of fellowships and study grants available from WHO and from bilateral and non-governmental sources. The Ministry of Health will ensure co-ordination of its services with those of UNRWA, with voluntary agencies working in the country and with other Government departments involved in related programmes. A central transport organization will be set up for the provision of proper maintenance and repair services for its transport fleet, as well as central stores and a workshop for the repair of medical and electrical equipment.

JORDAN

TUBERCULOSIS CONTROL
Continuation, mid 1965-1966

Allocation approved: \$28,000
Technical approval: WHO

E/ICEF/P/L.608

During the next eighteen months the pilot project will proceed as originally planned, although the number of persons to be covered is now estimated at 220,000 (rather than 200,000) due to migration and the natural growth of the population. The project's base of operations will be moved from the tuberculosis control centre to separate premises adjacent to the chest diseases hospital in Amman. With a view to ensuring more balanced field operations, two sub-centres will be established; together with the tuberculosis control centre at Amman, these will provide three key points for extending the services under the direct supervision of project headquarters. The hospital for chest diseases will continue to function as the project's main referral hospital. A review will be carried out to determine the project's requirements beyond 1966 and the type of international assistance required. Meanwhile measures will be continued to strengthen the participation of other health services personnel with a view to preparing for the integration of tuberculosis control activities into the basic health services. UNICEF will provide a mobile X-ray unit, tuberculin testing and BCG vaccination equipment, miscellaneous supplies and equipment, including X-ray films, typewriters, a mimeograph machine, public address systems, a station wagon for mobile X-ray unit and two replacement vehicles for field work, supervision and training. WHO will continue to provide a public health nurse, and a short term senior tuberculosis adviser in 1965 and possibly in 1966, also fellowships for the training of senior project personnel in tuberculosis control techniques.

JORDAN SOCIAL SERVICES TRAINING
Continuation, mid 1965
to mid 1968

Commitment approved: \$77,000
Allocation approved for 1965/66: \$28,000
Technical approval: United Nations
Department of Economic and Social Affairs

E/ICEF/P/L.588

In order to consolidate the positive results obtained under the accelerated in-service training programme, the Government plans to establish a permanent Social Welfare Institute in Amman, where a regular two-year training course in social work will be given for students between the ages of eighteen and thirty who have completed their secondary education. The students will be drawn initially from the staff of voluntary agencies and Government departments. The full-time staff will consist of a director, an assistant director and a senior lecturer. UNICEF will pay the salary of the director for three years, of the assistant director for two years and of the lecturer for one year, the Government assuming subsequent responsibility for these posts. The in-service training programme will continue for another two years or until the first group graduates from the Social Welfare Institute. The trainees selected during this period will be employed persons who would be unable to qualify for admission to the Institute but who would benefit from training. Workshops will be organized for institution managers, leaders and policy making personnel, focussing on social problems in the country, the role of institutions and their staffing. The overall supervision of training activities will be entrusted to an Advisory Board, whose role will be to advise on the content and operational aspects of the training programmes and to help maintain satisfactory co-ordination of the activities of the various parties participating in the training effort. Biennial conferences will be organized for all social welfare personnel connected with the project.

JORDAN EMERGENCY FEEDING
Continuation: 1966

Allocation approved: \$275,000

E/ICEF/P/L.497

Since 1952, UNICEF has been providing rations for 50,000 refugee children in the border villages of West Jordan. The plan for 1966 follows closely those approved in previous years. Rations will be distributed four times a year, each ration consisting of five kilos of rice, one kilo of fats, one kilo of sugar and two cakes of soap. Dry rations will be provided for 44,960 children. The remaining 5,020 food rations, supplemented by dried codfish, would be issued in the form of hot meals through 63 feeding centres, orphanages and schools operated by the field teams of the International Christian Committee and by thirty national charitable institutions. Subject to the availability of surpluses in donor countries, UNICEF will also continue to provide 150,000 pounds of dried milk to fifteen milk centres operated or directly supervised by the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), which second a staff member to supervise the project. UNICEF also reimburses UNRWA for the salary and allowances of the supervisor and the cost of running the milk centres, transporting supplies, operating a UNICEF utility vehicle for field work and other expenses. UNICEF will also provide a vehicle in replacement of one which is no longer serviceable.

LEBANON

SOCIAL SERVICES: TRAINING
Continuation, mid 1965 to
mid 1968

E/ICEF/P/L.592

Commitment approved: \$78,000
Allocation approved for
1965/1966: \$35,000
Technical approval: United Nations
Department of Economic and Social
Affairs

This project has been very successful in improving social services for children and has revealed the limitations of institutional care which gives insufficient attention to the social and psychological needs of the child. In the next three years, the in-service training course for child-care workers will be extended from four weeks to ten months and would provide theoretical and practical training for about 30 trainees a year. A permanent training centre will be established in Beirut in July 1965, with which the 33 existing child care institutions would be affiliated. The Lebanese School of Social Work (Ecole Libanaise de Formation Sociale) will raise its standards by adding a third year to its curriculum in 1965/1966. An entrance examination will be required in addition to an educational background equivalent to one or two years of university studies, and male students will be admitted for the first time. UNICEF will pay the salary of a senior supervisor for eighteen months, after which the School has agreed to assume full responsibility for the post. A training course will be organized for supervisors in charge of the field work of students in which about 15 supervisors will be trained each year. Refresher courses for about 40 graduates of the School will be continued in 1965/1966, and follow-up seminars organized for these trainees in 1966/1967. A technical advisory committee will be responsible for the orientation and co-ordination of training and will develop guidelines for research and studies directed to further improvement of social welfare services. UNICEF will provide demonstration equipment, duplicating equipment, audio-visual aids and books for the training centre and the School, a microbus for field work, stipends for 90 child care workers, 40 social workers and 30 supervisors and honoraria for outside lecturers at the training centre and the School. An adviser in social welfare training will be provided by the Bureau of Social Affairs of the United Nations Secretariat which will also provide fellowship subject to the request of the Government and the availability of funds.

LIBYA

BASIC HEALTH SERVICES
Continuation, 1966-1967

E/ICEF/P/L.510

Allocation approved: \$22,000
Technical approval: WHO

The general objectives of the project are to improve and develop integrated public health and medical services throughout the country, with special stress on the strengthening and expansion of training facilities for auxiliary health personnel. In order to provide adequately trained staff for the proposed new comprehensive rural health services, it is planned to double the intake of students at the existing training institutes. A midwifery school and related training hospital (with 50 maternity beds, 25 children's beds, a nursery with 50 beds and a gynaecological ward with 25 beds) will be established, providing practical training facilities for midwifery students: twenty students for professional midwifery courses and another twenty students for a three-year course to qualify as community midwives. The intake of students will gradually be increased. UNICEF will provide teaching aids and demonstration equipment for the midwifery school and equipment and supplies for the obstetrical, paediatric, laboratory and out-patient services of the hospital as well as scap and vitamin capsules for distribution through 28 MCH centres and 4 microbuses for field training activities. WHO is providing a senior nurse-educator and two-educators for the Nursing School at Tripoli, and two nurse-educators for the Health Training Institute at Benghazi for 1965 and 1966.

SUDAN

BASIC HEALTH
PAEDIATRIC TRAINING

First request for UNICEF aid to
this project, mid 1965 to mid 1966

Allocation approved: \$12,000
Technical approval: WHO

E/ICEF/P/L.582

The main objectives of the project are: the establishment of an academic Department of Paediatrics in the Faculty of Medicine of the University of Khartoum; the up-grading of the practical and theoretical training of undergraduates medical students in the field of paediatrics; and the improvement of the training and performance of paediatric nurses at the Khartoum Civil Hospital. Under a new Department of Paediatrics to be created in the Faculty of Medicine at Khartoum University, more comprehensive training in preventive and curative paediatrics will be given to all medical students and the Government will eventually assign one specialist paediatrician to each province. The revised programme will be oriented towards preventive and social medicine and the promotion of health. Particular attention will be given to more frequent work periods for undergraduate students in the child welfare clinics of the health centres and in the paediatric out-patient department of the Khartoum Civil Hospital. In the long run it is planned that the work of the Department of Paediatrics will be integrated with that of the Departments of obstetrics and social medicine. A WHO paediatrician will serve as professor of paediatrics and head of the new Department in 1966; he will be assisted by a counterpart Sudanese paediatrician who would eventually replace him. The University plans to include bilateral arrangements with foreign universities under which post-graduate Sudanese doctors will be accepted for in-service training abroad, the foreign universities in turn, seconding lecturers with paediatric experience to Khartoum. UNICEF will provide technical equipment and instruments for the paediatric and obstetrical wards of Khartoum Civil Hospital, equipment for paediatric laboratory, visual and teaching aids, books for the paediatric department library and two vehicles for field training. WHO will provide a paediatrician in 1966 and a paediatric nurse in 1965 and 1966.

SUDAN

APPLIED NUTRITION

First request for UNICEF aid
to this project, 1965-1967

Allocation approved: \$28,000
Technical approval: WHO and FAO

E/ICEF/P/L.558

The general aim of the project is to lay the foundation for the development and implementation of a national food and nutrition policy which will give particular emphasis to the steady and sustained improvement of nutrition among mothers and children. The present proposal refers to a preparatory and training phase of the project. The plan includes systematic nutrition surveys as a long-term national food and nutrition policy; training courses in nutrition for teachers and auxiliary health staff; and the training of a Sudanese girl who will be sent to the United Arab Republic for four years' training in home economics and nutrition in order to qualify her to serve as non-medical nutritionist in the new nutrition division of the Ministry of Health. UNICEF will provide fellowship assistance for the first two years of training. During the first phase of the project, the national Freedom from Hunger Campaign Committee, which includes representatives from governmental and non-governmental organizations, will serve as the co-ordinating agency. UNICEF will provide laboratory equipment for 4 field survey teams, supplies and equipment, including duplicating equipment, for the nutrition division of the Ministry of Health, books and teaching aids for in-service training, three vehicles and spare parts for nutrition surveys, stipends and honoraria for in-service training of 144 health staff, 150 domestic science teachers and provincial medical officers and funds to cover the first 2 years of a four-year fellowship for a non-medical nutritionist in the Ministry of Health. WHO will provide a medical nutritionist in 1965 who would act as the chief technical adviser to the Government for the proposed project. FAO will provide a non-medical nutritionist who will play a leading role in the in-service training of health and education staff and in connexion with the nutritional and dietary surveys.

SUDAN

PRIMARY EDUCATION
(TEACHER TRAINING)
Continuation, 1965/1966

Allocation approved: \$87,000
against approved commitment

TURKEY

BASIC HEALTH SERVICES
Continuation, mid 1965
to mid 1966

Allocation approved: \$138,000
Technical approval: WHO

E/ICEF/P/L.627

During 1964/1965, activities have been intensified in the pilot zone, in the province of Mus, and considerable progress has been made in constructing health units, achieving the planned staffing patterns and increasing services to mothers and children. The operational area is being extended to five additional provinces in the eastern part of the country, namely Kars, Agri, Van, Bitlis and Hakkari, with emphasis on strengthening the maternal and child health services and retraining malaria eradication staff to participate in the maintenance phase of the campaign. The regular training programme will continue for doctors, nurses, auxiliary nurses and midwives and sanitarians. The work in Mus will continue in 1965/66, and the development of services in the five provinces recently added to the nationalization scheme will bring the total population served to almost 1.2 million. The Government intends to continue with the organization of MCH services in eleven provinces not yet covered by the scheme, extending services to the most isolated areas. The training programme will be intensified and the Government plans to enlarge and up-grade the training schools for auxiliary health workers in the provinces. Five new schools will be established: one of public health nurse/midwives in Van and four for auxiliary nurse/midwives in Siirt, Urgan, Elazir and Biagol. The rural training area of Etimesgut will also be strengthened. UNICEF will provide demonstration equipment and teaching aids for five schools, vitamin capsules for distribution to children and pregnant women in MCH centres, 43 vehicles for supervisory services and stipends for 104 trainees and honoraria for outside lecturers. WHO will continue to advise the Government through its public health team which includes a public health administrator, a public health nurse/midwife, a sanitary engineer, a sanitarian, a statistician and three nurse educators.

TURKEY

MALARIA ERADICATION
Continuation, 1966

Allocation approved: \$237,000
Technical approval: WHO

E/ICEF/P/L.631 and Corr.1

In 1964, the eighth year of the national malaria eradication campaign, spraying operations directly protected 5,261,000 persons, thereby reaching about 95 per cent of the planned objective. Subject to the evaluation of results in 1965, the forecast for 1966 calls for the protection of 4,546,000 persons by spraying, while 27,042,000 will be under surveillance. Training and health education activities will be continued leading to the integration of personnel into the basic health services. Training would be provided in 1966 for 15 chiefs of zone, 63 new and 38 existing microscope technicians and 20 surveillance agents. UNICEF will provide some dieltrin for the spraying operations because of the persistence in certain regions of the vector *Anopheles sacharovi* which is apparently resistant to DDT. UNICEF's contribution would include training grants, equipment and supplies, including drugs and spare parts for sprayers and vehicles. A fully equipped vehicle maintenance service is being organized in the Ministry of Health and is expected to be in full operation by the time the requested vehicles are delivered. WHO is participating actively in the execution of this project and will assign a team of ten advisers, including a malarialogist, a sanitary engineer, seven sanitary technicians and a part-time statistician.

<u>TURKEY</u>	<u>TUBERCULOSIS CONTROL</u> Continuation, 1965/1966	Allocation approved: <u>\$47,000</u> against approved commitment
<u>TURKEY</u>	<u>TRACHOMA CONTROL</u> Continuation, 1965/1966	Allocation approved: <u>\$13,000</u> against approved commitment
<u>TURKEY</u>	<u>SOCIAL SERVICES</u> Continuation, 1965/1966 E/ICEF/P/L.491	Allocation approved: <u>\$10,000</u> Technical approval: United Nations Department of Economic and Social Affairs

Since the inception of this project in 1961, considerable progress had been made towards improving the standards, effectiveness and scope of social welfare programmes for families and children. In-service training seminars have been held for more than 700 persons, including institutional personnel, child-care workers, teachers and government officials; of these, 165 received training during 1964. The foster home placement scheme in Ankara has developed satisfactorily, and two demonstration child care centres at Konya and Izmir are operating successfully. It is expected that the "Children's City" near Istanbul will be opened by mid 1965. Emphasis during 1965/1966 will continue to be placed on training. Seminars will be held for more than 100 institutional, child-care and other social welfare personnel and refresher courses are planned for foster-home and day-care personnel. Beginning in July 1965, the responsibility for planning and implementing training activities will be transferred from the General Directorate of Social Services to the Academy in order to strengthen the educational content of the seminars. The foster home placement scheme will be extended to Izmir in 1965 and to Konya, Eskisehir and Mersin in 1966. A model day nursery in Istanbul (envisaged as a joint effort of the International Union for Child Welfare and the Turkish Society for Child Welfare) will serve as a demonstration and training centre for day care and nursery personnel. UNICEF would provide play materials and teaching aids for the Academy of Social Services and the Istanbul Demonstration Centre, 2 minibuses for field training, training stipends, honoraria and translation fees, and honoraria for instructors at the Istanbul Demonstration Centre. The Bureau of Social Affairs of the United Nations Secretariat will continue to provide the services of a general social welfare adviser and a training adviser and WHO will continue to advise on the health aspects of the project.

<u>UNITED ARAB REPUBLIC</u>	<u>MCH AND RURAL HEALTH SERVICES</u> Continuation, 1965/1966 E/ICEF/P/L.546	Allocation approved: <u>\$154,000</u> Technical approval: WHO
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The objective of this project is to strengthen maternal and child health services, especially in rural areas, through the development of a network of health centres and supporting facilities and the training of personnel. The plan calls for the establishment of one health centre for each 5,000 persons, with referral hospitals and laboratory services at the district level and specialized hospitals at the governorate level. With UNICEF assistance, the Government has since 1953 established 1,250 various types of health centres and 9 public health laboratories; 220 additional centres should be in operation by June 1965. The Government plans to establish an additional 44 urban MCH centres, 15 rural health centres, 100 rural health units and one public health laboratory during 1965/1966 for which UNICEF will provide basic supplies and equipment. Under previous allocations UNICEF has provided equipment for 287 rural health units which are expected to be completed in 1965. Existing training

UNITED ARAB REPUBLIC (continued)

institutions will be strengthened and two additional three-year nursing schools will be opened. The new schools will accommodate 150 students each and would be attached to general hospitals of governorates. UNICEF will provide basic equipment, supplies and transport, supplementary equipment and transport for field training in the eight nursing schools, equipment to up-grade the Gomruk MCH centre in Alexandria where students from the Higher Institute of Nursing do their field work. Transport will be provided to strengthen the field training activities of three sanitary technical institutes and the medical faculties at the Universities of Cairo and Ein Shams. WHO is providing four nurse educators and supplies and fellowships in 1965. WHO will also continue to provide two nurse educators in 1966.

UNITED ARAB REPUBLIC

BILHARZIASIS CONTROL
Continuation, 1965/1966

Allocation approved: \$76,000
against approved commitment

UNITED ARAB REPUBLIC

SOCIAL SERVICES
Continuation, 1965/1966
E/ICEF/P/L.509

Allocation approved: \$25,000
Technical approval: United Nations
Department of Economic and Social
Affairs

The purpose of the project is to strengthen social services for children through training programmes for family and child welfare workers. Four regional training centres have been established, and about 2,600 administrative, supervisory auxiliary and voluntary personnel have received in-service training to date. A demonstration and training centre opened in Cairo in 1964, with day-care and residential facilities, serves as a practical training ground for supervisors and senior child care workers. A play-materials workshop opened in December 1964 to produce prototype play-materials for the demonstration centre. Training centres similar to the four already functioning will be set up in each of the remaining twenty-one governorates, five centres in 1965 and four centres per year in the following four years. Each of the centres will have a full-time staff of three, including a director, a social worker and a clerk/secretary as well as part-time lecturers. Training will be offered for six categories of workers, including administrators, supervisors, board members, specialized personnel, volunteers and house parents. Each centre will train an average of 100 to 150 workers per year. UNICEF will provide teaching and demonstration equipment, books in Arabic on child welfare, and a vehicle for each centre for the purpose of carrying trainees to their practical work sites and for supervisory purposes.

UNITED ARAB REPUBLIC

PRIMARY EDUCATION: TEACHER
TRAINING IN HEALTH EDUCATION
First request for UNICEF aid,
1965-1969

Commitment approved: \$96,000
Allocation approved
for 1965-1966: \$36,000
Technical approval: WHO

E/ICEF/P/L.562

The purpose of this project is to improve the quality of health education in the primary schools through in-service training for instructors and inspectors in teacher-training institutes and for primary school inspectors. Six-week summer courses will be organized for about 770 teachers and inspectors from teacher-training institutes who are associated with the teaching of health education, and for 400 selected primary school inspectors. One such course would be held in 1965 and two in each of the succeeding four years, with approximately 130 participants per course. The programme will consist of lectures, seminars, practical training and field trips; the curriculum will include environmental health, physical and emotional health of the student, nutrition education, school health services, the

UNITED ARAB REPUBLIC (continued)

objectives of health education and how to teach it at various grade levels. A one-week follow-up course will be given to the first group of trainees a year after they have attended the first six weeks' course. Subsequent training courses would be revised in the light of the findings of the evaluation. In the second phase of the programme, the instructors and inspectors of the teacher-training institutes will implement the revised health education curriculum in the 59 institutes with a total student population of 26,698. Meanwhile, the primary schools inspectors will organize one-month in-service training courses for the teachers, headmasters and headmistresses in 7,373 primary schools in the 21 governorates of the country. UNICEF will provide reference books on school health and health education, honoraria for instructors, one half of the travel costs for 1,170 trainees and one-half of the stipends for 1,170 trainees.

<u>YEMEN</u>	<u>BASIC HEALTH SERVICES AND TRAINING</u> Continuation and expansion, mid 1965-mid 1966	Allocation approved: \$72,000 Technical approval: WHO
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E/ICEF/P/L. 559

The Government is preparing a five-year health plan, which calls for the decentralization of health administration, the intensification of health education activities, and the rational development of health facilities and services. Meanwhile the emphasis continues to be placed on the provision of some of the basic needs, such as auxiliary health personnel, laboratory services and MCH centres. Training activities in the next year will include the enlargement of the existing training school in Sana'a to accommodate 35 trainees in an eighteen-month course. The training of smaller groups of students in Ta'iz and Hodeida is expected to start before the end of 1965. A ten-month pre-nursing course will be offered to about 50 girls during 1965/1966. Twelve students will be trained as laboratory assistants in an eighteen-month course at Sana'a. During the second half of 1965, a class of 40 students will start training at Sana'a under the direction of a WHO sanitarian and will later play an important role in disease control, health education and environmental sanitation activities. UNICEF will provide training and demonstration equipment for all the courses, as well as stipends for the trainees and transport for field work. The existing paediatric and maternity services in Ta'iz and Hodeida, which will serve for practical training of assistant nurses in those towns, will be up-graded. Seven clinical laboratories in provincial and district hospitals throughout the country will be staffed and equipped with a trained laboratory assistant assigned to each. The additional four MCH sub-centres envisaged in the original plan of operations will be opened, and two new sub-centres each would be created in Sana'a and Ta'iz, UNICEF providing supplies and equipment. WHO is providing a senior adviser, a medical officer, 3 nurses, an X-ray technician, a sanitarian and a laboratory technician for Sana'a; a medical officer and nurse for Ta'iz; and a medical officer, a sanitarian and a nurse for Hodeida in 1965. The same staffing pattern is foreseen for 1966.

<u>YEMEN</u>	<u>EDUCATION</u> Continuation and expansion, 1965/1966	Allocation approved: \$70,000 Technical approval: UNESCO
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E/ICEF/P/L. 519

The Government has selected 39 primary, 3 intermediate and 3 secondary schools which meet certain standards as regards space and facilities, and will up-grade them to serve as demonstration and training centres. Basic equipment will be provided by UNICEF and each centre will have a fully-qualified teaching staff, including instructors made available by the Government of the United Arab Republic. Efforts will be made to diversify the curriculum and to ensure a balance between academic and practical education. Arts and crafts would be introduced into 42 of the schools for boys, and home economics

YEMEN (continued)

into the programme of the three girls' schools. The girls' schools will also serve as demonstration centres to which the women of the neighbourhood will come in the afternoons to receive instruction in the essentials of home economics, including simple nutrition, food preparation and child care. The in-service training programme would continue in 1966, and an additional 300 teachers will participate in evening and summer courses. At the end of the school year, 900 of the 1,500 primary school teachers currently in service will have attended the courses. It is also expected that the first group of 120 teacher trainees will be enrolled in three teacher-training institutes in 1965/1966. A UNESCO education administration expert is participating in the reorganization of the services of the Ministry and helping it to set up new practices and procedures. UNESCO will also provide two experts in teacher training.

D. EUROPE

<u>POLAND</u>	<u>MILK CONSERVATION</u> Continuation, 1965/1966	Allocation approved: <u>\$173,000</u> against approved commitment
<u>SPAIN</u>	<u>NUTRITION EDUCATION</u> Continuation and expansion, 1965/1966 E/ICEF/P/L.541	Allocation: <u>\$115,000</u> Technical approval: FAO

The objective of this project is the improvement of family feeding habits through intensified nutrition education for children and parents. Nutrition education has been introduced into 955 primary schools; school gardens have been established in 255 localities, school farms in 90 localities and school clubs for the organization of nutrition education activities in 40 schools. Supplementary feeding schemes were organized in almost 30,000 schools, benefiting more than 2.4 million children (75 per cent of those enrolled in primary school), and school canteens were established in 4,648 schools serving 172,000 children. Spanish milk processing plants now supply about 35 per cent of the milk used in the feeding scheme, and families and communities are contributing increasingly to both programmes. In order to develop the programme concurrently in all provinces, basic courses and special seminars will be given for 3,654 persons in 1965/1966 for the following main categories of personnel: 20 senior staff members from the participating agencies to receive 9 months' training; 60 nutrition educators to receive three months' training before assignment to the field; one nutrition educator from each of 49 provinces would participate in a special course in home economics; 2,750 primary school teachers, 250 nurses and midwives and 250 home economics workers will receive training in 110 half-month courses; and 275 persons including primary school inspectors, normal school teachers and experts will participate in seminars and workshops. In addition, 3,450 persons, mainly teachers and nutrition educators previously trained, will participate in short refresher courses. UNICEF will cover about 25 per cent of the costs of stipends for training, and will provide teaching and demonstration equipment for nutrition educators, prototype and duplicating equipment, food preparation and demonstration equipment for 50 normal and 21 home economics schools, transport and funds for the printing of instructional and informational materials, manuals and children's textbooks. UNICEF will also reimburse FAO for the services of a home economist for six months and for three one-year fellowships to provide advanced training for staff in applied nutrition, nutrition education and home economics. FAO will provide a high-level consultant in applied nutrition for three or four months in 1966 to help with the course for senior staff members, a home economics expert for six months and three one-year fellowships.

<u>SPAIN</u>	<u>MILK CONSERVATION</u> Continuation, 1965/1966	Allocation approved: <u>\$126,000</u> against approved commitment
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YUGOSLAVIABASIC MATERNAL AND CHILD HEALTH
Continuation, 1965/1966Recommended allocation: \$40,000
Technical approval: WHO

E/ICEF/P/L.517 and Corr.1

In order to provide supervisory and co-ordinating services at the district level (between the health authorities and MCH demonstration centres at the Republic and local levels), the Government has been establishing intermediate supervisory centres in strategic districts throughout the country. There are at present a total of 55 intermediary centres to which paediatricians, public health nurses and dentists have been posted to improve the rural health services.

The Government plans to open eight additional centres in 1965/1966 in selected districts in the relatively less developed areas, bringing the total of such centres to 63. UNICEF will provide laboratory equipment, paediatric ward supplies and transport for the new centres, which will serve 80 municipalities and a population of 1.7 million.

UNICEF will also provide 63 sets of portable dental equipment so that dental care may be provided to expectant mothers and to pre-school and school children.

YUGOSLAVIAPRIMARY EDUCATION: Continuation
PRE-VOCATIONAL TRAINING: First
request for UNICEF aid Mid 1965
to mid 1966Allocation approved: \$ 49,000
Technical approval: ILO, UNESCO

E/ICEF/P/L.617

During the first phases of this project, 505 demonstration primary schools in all six republics of Yugoslavia have benefited from a comprehensive programme of health and nutrition education, environmental sanitation and home economics. Encouraged by the results obtained from vocational training courses in 20 of the 30 districts in the country, the Government plans to complete the network of demonstration schools in order to facilitate the gradual implementation of the programme in all 14,500 primary schools in the country. Technical supervision of the programme will be strengthened as it has been found that regular primary school inspectors are not qualified to give advice and guidance required. UNICEF will provide eighteen sets of workshop equipment like the twenty sets supplied earlier. The new aspect of the project involves the establishment of pre-vocational training centres for young people who have completed primary school but do not have access to secondary education, regular apprenticeship or jobs in family enterprises. A pilot centre will be established in each of the six republics where pre-vocational training begun in primary school may be continued. Each centre will accommodate 45 students in a six-month course concentrated on mechanics and electro-mechanics, the course adapted to meet the specific needs of the region. Concerned, e.g., in predominantly rural areas welding techniques for the repair of agricultural implements would be stressed. The training will be geared to the preparation of young people for subsequent apprenticeship in industry or smaller workshops. UNICEF will provide tools, simple machinery and other technical equipment for the six centres.

The ILO and UNESCC have co-operated in working out the expanded plan, and a special ILO expert, under reimbursement from UNICEF, assisted in drawing up final plans for the youth pre-vocational centres.

E. THE AMERICAS

ARGENTINA

HEALTH SERVICES:
TRAINING OF HEALTH PERSONNEL
Continuation, 1966

Allocation approved: \$51,000
Technical approval: WHO

E/ICEF/P/L.586

This project is aimed at raising the level of training of professional and auxiliary personnel for the country's public health services. The Government has given high priority to the project, and there is evidence of solid achievement. In 1965 305 nursing auxiliaries, forty nursing supervisors, thirty-eight sanitary inspectors and 143 nurses are being trained in the seven training centres; the cost of stipends for the trainees is shared by the Government and UNICEF. University training for nurses, in which UNICEF is participating, will be concluded in December 1965, and in 1966 the Government will assume full responsibility for continuation of the programme. In 1966 nine-month courses will be given for 305 nursing auxiliaries; nine-month courses in public health techniques and supervision for 40 nurses; and ten-month courses for 28 sanitary inspectors. With the help of WHO, texts adapted to local use are being prepared and tried out in the training courses. In 1966 the texts will be reproduced for use in later training courses and as reference works for the nursing auxiliaries in the health services. UNICEF will provide stipends for 373 scholarship holders and reproduction equipment and supplies for the preparation of 5,000 copies of the textbook for nursing auxiliaries. WHO will provide three nursing instructors and scholarships for study abroad.

ARGENTINA

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$4,000
Technical approval: WHO

E/ICEF/P/L.614

Areas now in the consolidation or maintenance phase, where transmission has been interrupted, have some 1.8 million inhabitants, approximately 65 per cent of the population of the previously malarious areas. Other areas of the north-west, with some 208,000 inhabitants, where the attack phase continues, have progressed, and only 108 cases were discovered in 1964. In the north-east, administrative and financial difficulties have delayed the development of total coverage operations. This area of approximately 750,000 inhabitants in the Provinces of Chaco and Formosa, where focal sprayings were not adequate to contain outbreaks following floods, was scheduled for total coverage spraying in 1964. As the required local funds were not available, and total coverage has not been developed in the north-west, UNICEF will provide DDT, supplies and transport.

BRITISH CARIBBEAN TERRITORIES: BAFBADCS

BASIC HEALTH: MCH TRAINING
Continuation, 1965

Allocation approved: \$3,000
Technical approval: WHO

E/ICEF/P/L.574

To strengthen nursing and midwifery services related to the protection of health and prevention of disease, the facilities for nursing education are to be improved and expanded. The increased facilities will help to alleviate the shortage of trained midwives for domiciliary services. At present, most of the trained midwives are working in institutions, while the domiciliary services are performed by untrained midwives. To strengthen the domiciliary services, the Government will appoint a supervisor of midwives to be responsible for these services. UNICEF will provide visual aids, textbooks, teaching and demonstration equipment and midwifery kits. WHO will assist in the reorganization of the nursing education programme by providing a nursing consultant and the advisory services of the West Indies Project Nurse.

BRITISH CARIBBEAN TERRITORIES:
BARBADOS

SOCIAL SERVICES
First request for
UNICEF aid, mid 1965-
1967

Allocation approved: \$12,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.593

The objective of this project is to improve day-care facilities, to increase understanding of the needs of the pre-school child and to find ways of meeting them. The plan includes the establishment of a nursery school, the up-grading of ten day nurseries and the creation of two new ones, the establishment of a training centre for day-nursery personnel and the development of an educational programme for parents and young teenagers. The training centre will also promote parent education through evening lectures, discussion and films; special programmes at parent-teacher association meetings; radio and television programmes; and posters. Courses would be organized for teenage girls to give them basic training in child care and home economics and some of the girls may subsequently work in the day nurseries. The programme as a whole is the joint responsibility of the Ministry of Education and the Ministry of Health, Housing, Community Development and Local Government under the direct administration of the Social Welfare Office. UNICEF will provide selected play equipment for 12 day nurseries and vitamin capsules for 500 pre-school children, teaching and demonstration equipment, audio-visual aids and play equipment for the nursery school, visual aids, books, records and miscellaneous equipment for general training and demonstration purposes and a vehicle for general supervision. WHO will provide technical assistance, and the Bureau of Social Affairs of the United Nations Secretariat will participate through periodic visits of its advisers.

BOLIVIA

MALARIA ERADICATION
continuation, 1965/1966

Allocation approved: \$4,000
Technical approval: WHO

E/ICEF/P/L.614

Approximately 75 per cent of the original malarious area, with some 1,140,000 inhabitants (85 per cent of those at risk) is in the consolidation phase. The attack phase continues in the Department of Pando and part of Beni to the north and in small areas to the south. The campaign operated in 1964 with a reduced budget and less personnel for evaluation and spraying, and planned operations were not complete. There was a major increase in malaria cases in the northern area in 1964 where population movements, construction of houses and imported cases are continuing problems. Suspected changes in vector behaviour and the drug-resistant *P. falciparum* strain are under investigation. Operations in the areas with continuing transmission are being reorganized to ensure spraying of all houses and to ensure rapid detection and treatment of all cases. An increased budget has been requested for 1965 operations. UNICEF will provide DDT, supplies and transport. The United States Agency for International Development is contributing to the costs and providing administrative support for the campaign.

BOLIVIA

PRIMARY EDUCATION
Continuation, mid 1965
to mid 1966

Allocation approved: \$71,000
Technical approval: UNESCO

E/ICEF/P/L.585

The aim of the project is the improvement of education standards in both rural and urban schools throughout the country. About 1.5 million of the 4 million inhabitants are illiterate, and the shortage of adequately trained teachers is chronic. The rural training programme will

BOLIVIA (continued)

continue as originally planned, with courses being given for 100 rural school directors and 25 home economists at the Institute of Rural Education. Stipends will be provided by UNICEF out of funds previously allocated for that purpose. The urban programme will concentrate on the training of another 100 school directors and supervisors and 25 education technicians. Two national seminars (one of which was originally scheduled for 1964) will be organized to study ways and means of integrating the urban and rural school systems. As more funds will be required to carry out the project than had originally been anticipated, the allocation approved includes funds to cover the deficit incurred during 1964/1965 as a result of the training of urban school directors and technicians and the higher travel expenses of rural trainees. UNICEF will provide reproduction equipment and books for the Pedagogic Institute, stipends for 100 urban school directors and supervisors and 25 education technicians and funds to cover the costs of the seminar.

BRAZIL PASIC MCH Allocation approved: \$49,000
Continuation, 1965/1966 against approved commitment

BRAZIL BASIC HEALTH: PAEDIATRIC TRAINING Allocation approved: \$23,000
Continuation, 1965/1966 against approved commitment

BRAZIL HANDICAPPED CHILDREN: BRACE MAKING Allocation approved: \$6,500
Continuation, 1965/1966 against approved commitment

BRAZIL EDUCATION Allocation approved: \$99,000
Continuation, 1965/1966 against approved commitment

BRITISH GUIANA MALARIA ERADICATION Allocation approved: \$3,000
Continuation, 1965/1966 Technical approval: WHO

E/ICEF/P/L.614

This campaign showed considerable improvement during 1964. The entire coastal area continues in the maintenance phase. Progress through barrier spraying of upper river areas and the medicated salt programme in two districts of the interior is good and suspension of the attack in these districts may be possible by 1966. Transmission continues in the Rupunini District, where chloroquine-resistant strains of *P.falciparum* were found in 1963 and some of the inhabitants were obtaining a cheaper non-medicated salt. Radical treatment of cases and house sprayings were introduced as a complement to medicated salt distribution in 1964 and the number of cases decreased. Medicated salt is now distributed by the Government free of charge to the inhabitants. UNICEF will provide DDT, supplies and transport for continuation of the campaign in 1965/1966.

BRITISH GUIANA EDUCATION: TEACHER TRAINING Allocation approved: \$50,000
First request for UNICEF Technical approval: UNESCO
aid, mid 1965-mid 1966

E/ICEF/P/L.516

Eight centres have been established throughout the country to give in-service training courses for school teachers: 654 unqualified teachers attend these courses three days a week, evening and Saturday mornings, carrying out their regular teaching responsibilities in the daytime hours. UNICEF will provide supplies and equipment for the eight in-service training centres and the one pre-service school

BRITISH GUYANA (continued)

Beginning in September 1965 the Government will make an effort to attract students from the rural areas to the Georgetown pre-service school by offering scholarships; UNICEF will provide funds for twenty scholarships in the first year and twenty in the second, the Government financing twenty in the first year and fifty in the second. UNICEF will provide reproduction and audio-visual equipment, mathematics and geography, science, physical education, health education and workshop equipment, as well as home economics equipment and manual art sets for one school; also reference books for 10 school libraries and a vehicle for central supervision. The UNESCO adviser on teacher training is remaining in the country in 1965 to assist in implementation of the programme.

BRITISH HONDURAS

HEALTH SERVICES:
ENVIRONMENTAL SANITATION
Continuation, 1966-1967

Allocation approved: \$23,000
Technical approval: WHO

E/ICEF/P/L.601

The primary aim of this programme was to develop environmental sanitation services as an integral part of the health services in the Crange Walk district, which has a population of approximately 8,000. The project called for the manufacture and installation of 1,000 latrines and the drilling of seventy-five wells.

In view of the success achieved, the Government will now extend the programme to the adjacent district of Corozal, where it will be possible to use the facilities of the existing sanitary workshop. Ten wells with windmills will be installed in the population centres which offered the best facilities. An effort will be made to secure the greatest possible measure of active participation by the community, both in the construction of the water works and in their later administration and maintenance. In the following year, the Government will extend the work to the district of Stann Creek in the southern part of the country, constructing another sanitary workshop, which will concentrate on the manufacture and installation of latrines. Work will also begin on the studies and topographical surveys necessary in order to start the construction of water catchment works when the projects in the Crange Walk and Corozal districts in the north have been complete. UNICEF will provide equipment and supplies for the sanitary workshop in Stann Creek and supplementary equipment for the Crange Walk workshops and for the well-digging programme in the district of Corozal. WHO will continue to provide technical assistance through the sanitary engineer who is stationed in the country, and will provide as many scholarships as possible.

COLOMBIA

HEALTH SERVICES: MCH AND
ENVIRONMENTAL SANITATION
Continuation 1966

Recommended allocation: \$138,000
Technical approval: WHO

E/ICEF/P/L. 584

UNICEF has since 1950 been helping to develop a programme of maternal and child health by creating integrated health districts in six departments and a programme of environmental sanitation involving installation of latrines and water supply facilities. By the end of 1964, Colombia had fifty integrated health districts, comprising 274 rural health centres and 225 sub-centres. During 1965, four new districts, with twenty-six rural centres and twenty-eight sub-centres, will start operations. In addition, 165 rural centres and sub-centres in districts organized prior to 1962 will be improved. In 1966, four integrated health districts will be set up for the benefit of an additional 400,000 inhabitants. The four districts will include, in addition to the main health centre, a network of thirteen rural centres with permanent medical staff and ten sub-centres served by permanent auxiliary staff, with weekly visits by professional medical personnel. The construction of rural aqueducts and of facilities for disposing of human wastes will continue in eighteen departments and in the Intendency of Caqueta, in which integrated health districts are operating. Professional training will be offered for 140 persons and for

COLOMBIA - (continued)

the training of twenty non-medical hospital administrators, thirty visiting sanitary workers, twenty-five public health statisticians, one hundred nursing auxiliaries, one hundred sanitary inspectors, one hundred auxiliary sanitary inspectors, forty dental hygienists, twenty directors of sanitary workshops, twenty laboratory assistants and sixty health promoters. UNICEF will provide stipends for 515 trainees equipment for 17 health centres, 10 sub-centres, six schools for nursing auxiliaries and laboratories for four integrated health districts; kits for nurses and midwives; and 4 vehicles and 87 bicycles. For sanitation developments, UNICEF will provide piping and accessories, hand and power pumps, windmills and laboratory materials, concrete mixers and moulds for concrete conduits as well as four lorries. WHO will continue to provide technical assistance through its representative in the country and principal adviser, one medical adviser, one public health adviser seconded to Antioquia University, one public health nurse, one statistical adviser, two sanitary engineers and various short-term consultants and will, within its budgetary limitations, continue to provide scholarships for the training of technical staff abroad.

COLOMBIA

MALARIA ERADICATION
Continuation 1965/1966

Allocation approved: \$349,000
Technical approval: WHO

E/ICEF/P/L.614

On completion of the spraying cycle in April 1964, operations were interrupted to effect intensive retraining of personnel and re-organization of services. A detailed study was made of the malaria situation in all areas as the basis for planning the continuation of operations. At the end of 1964, areas in the consolidation phase included some 7.2 million inhabitants, 76 per cent of the population at risk. Significant progress has been made through an intensification of the attack activities in some of the areas affected by rudimentary house construction, habits of the population and agricultural development and increase in new houses. As the three-or-four-month spraying cycles tried in some areas have not produced significant benefits, these have been discontinued and the intensified attack with sprayings concentrated in two months prior to the peak transmission periods has been extended to all areas. Evaluation activities are being further improved, and outdoor biting and the extent and effect of a chloroquine-resistant *P.falciparum* strain are being further investigated. UNICEF will provide EDT, supplies and transport for the 1965/1966 operation.

COLOMBIA

PRIMARY EDUCATION
(TEACHER-TRAINING)
Continuation, mid 1965
to mid 1966

Commitment approved: \$307,000
Allocation postponed: (\$71,000)
Technical approval: UNESCO

E/ICEF/P/L.579

In the period 1965-1966, the programme will be continued in Norte de Santander and in Magdalena and will be gradually extending to four other departments where there is a similar high percentage of illiteracy and a shortage of certificated teachers. Nine normal schools have been selected for the extension of the programme, three to be incorporated into the programme each year. UNICEF will provide supplementary equipment for the teacher-training schools and the practice schools attached to five of them, as well as stipends for the training of 1,170 fifth and sixth year students from all the normal schools included in the programme and for in-service training of 1,900 non-certificated teachers UNICEF will also provide general equipment for mathematics, geography, physics, chemistry, biology, hygiene, workshop and audio-visual and library books for five normal schools for men; laboratory equipment for physics, chemistry and biology and library books for four normal schools for women; audio-visual and general equipment for science, geography and mathematics in five practice schools; and stipends for the training of 1,170 fifth and sixth year students and 1,900 non-certificated teachers. The Netherlands Committee for UNICEF had "adopted" this Project and has undertaken to provide the necessary funds. UNESCO will provide an expert to advise the national co-ordinator of the programme and will grant fellowships to the Colombian technical personnel to be trained abroad.

COSTA RICA

MALARIA ERADICATION
Continuation, 1966

Allocations approved: \$50,000
Technical approval: WHO

E/ICEF/P/L.616

Substantial progress has been made in the campaign, although operations have to be curtailed in 1965 owing to the lack of adequate local finances. Areas in consolidation now include some 294,000 inhabitants, 69 per cent of these at risk. Plans for 1966 include strengthening of the evaluation service and intensive attack throughout the problem areas, part of which will be under spraying with dieldrin. UNICEF will provide insecticides, drugs, supplies and transport provided local financing is assured. WHO will maintain its team of advisers and provide anti-malaria drugs for radical treatment of cases,

COSTA RICA

APPLIED NUTRITION
Continuation, 1966-1967

Allocation approved: \$27,000
Technical approval: FAO and WHO

E/ICEF/P/L.520 and Corr.1

The Government proposes to continue and intensify programme activities in the work area; to increase the number of school gardens in forty new communities situated in the present six provinces and in the province of Puntarenas, which is to be incorporated into the programme; to continue to provide training through three courses for personnel who have not received prior training and a seminar for those who have taken previous courses; and to intensify projects such as the poultry-raising project which, although included in the initial stages, are not yet fully developed. The Government is giving priority to this programme, particularly in the light of the experience gained as a result of the eruption of the Irazu volcano, which showed the need to encourage family food production as a means of both improving the people's nutrition and helping the rural population to become gradually self-sufficient in food production. The operating costs of the forty-five communities where activities were begun in 1961, are being paid by the Government while UNICEF will provide only the basic necessities for the gardens in the eighty communities included in the second stage and the equipment and supplies needed to start the 40 new gardens covered by this project. Thus UNICEF will supply seeds, fertilizers, fungicides and pesticides for 83 gardens; tools, equipment, seeds, fertilizers, fungicides and pesticides for 40 new gardens; kitchen equipment and mobile units serving the new programme area; audio-visual aids and training for supervisors, teachers and personnel of the three types of activities to be undertaken in the new work area.

COSTA RICA

SOCIAL SERVICES FOR CHILDREN
Continuation and extension
mid 1965 to mid 1967

Allocation approved: \$16,000
Technical approval: United Nations
Department of Economic and Social Affairs
and WHO

E/ICEF/P/L.543

Six community centres have so far been opened in semi-urban areas of the capital, and in 1965 ten more centres will be opened in the provinces of Guanacaste, Limon, Puntarenas and Heredia. A staff training programme has been developed in order to meet the needs arising from the expansion of family and community activities. Since 1962, training courses have been organized for 350 persons, including professional, administrative, supervisory, auxiliary and volunteer personnel. Six persons studying social services have been trained as directors of community centres. During the next two years the Government intends to establish a social observation and diagnosis centre for wayward children as a permanent institution of the General Directorate of Social Welfare; its main purpose will be to provide an opportunity for observation of the child by qualified technical personnel with a view to the appropriate diagnosis of his problems and, as a result, the recommendation of suitable treatment. The centre will provide temporary boarding facilities for children suffering from physical or moral neglect, from nine to fourteen years of age, who have behavioural problems but have not broken the law. It will also have an external consultation service to advise families on children's behavioural problems. The Government intends to establish ten more community centres, preferably in the provinces and population centres, and to intensify work at the existing centres in order to make available to families and the community the services and guidance they need to help them to solve their own problems. Special emphasis will be given to the development of manual skills such as carpentry and sewing, and recreational activities will be encouraged. Sixty administrators, sixty social workers and supervisors, sixty auxiliary workers and sixty community leaders will be trained over the period of two years as well as eighteen directors who will be trained to head the new centres. UNICEF will provide equipment for ten community centres and for the observation and diagnosis centres; stipends for the training of 240 professional, auxiliary and voluntary workers and eighteen fellowships for the training of community centre directors.

DOMINICAN REPUBLICMALARIA ERADICATION
Continuation, 1965/1966Allocation approved: \$254,000
Technical approval: WHO

E/ICEF/P/L.614

Changes in the administrative structure and organization of the service took effect early in 1964. Spraying operations were developed in total coverage in the cycle beginning April 1964. Epidemiological evaluation activities have been more fully developed. This campaign is now progressing with satisfactory administration and an adequate budget. As evaluation is strengthened, it is anticipated that sprayings may be withdrawn from some areas later this year. UNICEF will provide IIT, supplies and transport.

ECUADOR

BASIC HEALTH (MCH)
APPLIED NUTRITION
(ANDEAN PROGRAMME)
Continuation, mid 1965-mid 1966

Commitment approved: \$72,000
Allocation approved: 1965/66: \$32,000
Technical approval: ILO, FAO and WHO

E/ICEF/P/L.525

Early in 1964 the Government reorganized the Andean Mission, turning the administration over to the national officials. The Government hopes to be able to broaden its field of action by the end of 1965, thus:

- to establish three small rural hospitals; create four rural health centres and fifty sub-centres; establish 150 school health posts in localities where there are no health centres; establish a mobile rural health unit; increase the number of mobile medical teams to ten; and create eight mobile dental teams.
- to extend services to eight health centres, 100 community centres, 50 sub-centres and 100 schools.
- to provide more reproduction equipment for the centre at the Andean Mission headquarters in Quito as well as audio-visual equipment and material to enable the Mission to expand its educational work in all respects in the ten highland provinces for which it is responsible.

UNICEF will co-operate extending the training activities and will provide reproduction supplies and equipment; audio-visual equipment; MCH supplies and equipment for hospitals, rural health centres and sub-centres, and dental equipment for mobile units; kitchen demonstration equipment for nutrition education; transport for supervision. Stipends will be provided for 180 trainees.

ECUADOR

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$192,000
Technical approval: WHO

E/ICEF/P/L.614

The population of the original malarious areas is currently estimated at 2,517,000 of which 1,500,000 are in areas where the attack phase continues. This increase in cases in 1964 is attributed to exceptional rains in some zones and to intensified evaluation activities in problem areas. The problem areas have a high rate of house construction and require constant coverage with special teams to spray newly constructed houses. Financial difficulties limited some of the operations in 1964. An increased budget has been approved for 1965 to permit intensified coverage of the problem areas, and arrangements are being completed to provide an evaluation team for an assessment of the campaign in May. For 1965/1966 UNICEF will provide DDT, supplies and transport. The United States Agency for International Development is contributing to the costs and providing administrative support for the campaign.

ECUADORPRIMARY EDUCATION
(TEACHER TRAINING)Continuation and extension,
mid 1965 to mid 1968Commitment approved: \$272,000
Allocation approved, 1965/1966: \$79,000
Technical approval: UNESCO

E/ICEF/P/L.570

Since 1963 UNICEF has been co-operating in the execution of some aspects of the Ecuadorean Education Plan, chiefly in the development and improvement of training for primary school teachers, especially those designated for rural schools, and in the specialized training of school supervisors and improvement of the system of supervision. During the period mid 1965 - mid 1968 the programme will be continued in the six teacher-training schools already aided by UNICEF and extended to seven additional schools. UNICEF will provide audio-visual and reproduction equipment for the Co-ordinating Department of the Programme established by the Ministry of Education; library books, audio-visual equipment and demonstration equipment for the seven teacher-training schools to be incorporated in the programme; fellowships for 1,550 fifth and sixth-year students from the thirteen teacher-training schools; fellowships for the training of 300 native teachers from the Ecuadorean Sierra as well as fellowships for seminars on teacher-training for 200 rectors and professors from teacher-training schools and school inspectors; for 30 professors of physics, chemistry and biology and 150 professors of pedagogy from teacher-training schools; and for 150 primary school inspectors. UNESCO will give technical advice through a resident expert, other experts in primary, secondary and technical education assigned to the country and for travelling experts. Within its budgetary limitations, ILO will grant fellowships to high-level officials of the Ministry of Education who are especially involved in the development of the programme.

EL SALVADORMALARIA ERADICATION
Continuation, 1966Allocation approved: \$59,000
Technical approval: WHO

E/ICEF/P/L.616

Since over 70 per cent of the cases were shown to originate in the low coastal plains, attack operations in higher altitude areas, with some 1.3 million population, were limited to localities with epidemic emergencies during 1964. In 1966 emphasis will be placed on extending the network of voluntary collaborators to maintain a search for cases throughout the areas under consolidation and attack phases and to investigate and treat the cases. Domiciliary spraying using DDT will be continued in some areas. UNICEF will provide insecticides, drugs, supplies and transport subject to adequate local finances being available for the campaign. WHO will continue to provide a team of advisers and anti-malaria drugs.

GUATEMALAMALARIA ERADICATION
Continuation, 1966Allocation approved: \$181,000
Technical approval: WHO

E/ICEF/P/L.616

By the end of 1964, there were a little over 1 million inhabitants in areas under consolidation, i.e. 55 per cent of the population at risk. Efforts are continuing to arrest transmission in the problem areas. During 1966 selected measures will be applied, including larviciding in some localities. Subject to the availability of adequate local finances, UNICEF will provide insecticides, supplies and transport. WHO has a team of advisers assigned to the campaign and provides anti-malaria drugs for radical treatment of cases.

HAITIMALARIA ERADICATION
Continuation, 1965/1966Allocation approved: \$49,000
Technical approval: WHO

E/ICEF/P/L.614

In the first half of 1964, a considerable increase in the number of cases was observed in this campaign, and a joint evaluation was carried out. Some areas with little or no transmission were withdrawn from spraying and placed under observation and in the others the operations were changed to three-month spraying cycles, using 1 gramme DDT dosage. In all areas an increase in the evaluation activities was introduced. A pilot programme of mass drug distribution was started in October. As a result of further joint evaluation carried out in February 1965, revised plans have been prepared for the continuation of operations. Continuing transmission was shown in many localities and areas at levels so high that additional attack measures were necessary. The revised plan involved surveillance and focal attack measures where necessary in areas with some 1,540,000 inhabitants and no evidence of persistence of transmission; total-coverage spraying using 2 gramme DDT dosage in areas involving some 1,492,000 inhabitants; mass drug distribution, as a complement to spraying, in zones with persistent transmission in all localities, some 594,000 inhabitants, and focal mass drug distribution in localities with high incidence. The changes in the attack measures reduced the DDT requirement. For 1966, a further spraying cycle is foreseen for most of the area complemented by mass drug distribution in some areas to terminate the attack phase. UNICEF will continue to provide DDT, drugs, supplies and transport. The United States Agency for International Development is contributing to meet the costs of the campaign and is providing administrative support as well.

HONDURASMALARIA ERADICATION
Continuation, 1966Allocation approved: \$137,000
Technical approval: WHO

E/ICEF/P/L.616

Although problem areas still exist, 85 per cent of the population at risk are in areas which have been brought into the consolidation phase. The 1966 operations will therefore concentrate on the strengthening of surveillance and treatment of cases. Operations in the problem areas will involve the extended application of mass drug distribution. UNICEF will provide drugs, supplies, and transport on the condition that adequate local finances are assured. WHO will continue to provide a team of advisers and anti-malaria drugs.

HONDURASSOCIAL SERVICES
Continuation, mid 1965
to mid 1967Allocation approved: \$28,000
Technical approval: United Nations
Department of Economic and Social
Affairs and WHO

E/ICEF/P/L.604

In view of the results obtained during the first phase of the project, the National Social Welfare Board and the Government intend to continue and intensify activities under the project in 1966 and 1967. The following new institutions will be set up:

- Four new community centres in rural areas, which will provide guidance in solving socio-economic and family problems and training in manual skills such as carpentry, sewing, pottery-making and shoe-making;
- Three new day-care centres to provide care for the children of women working in the markets and to serve as model institutions;
- A home for boys between twelve and eighteen years of age in an abnormal social situation, and a pre-vocational school for the rehabilitation of children between twelve and eighteen years of age who have behaviour problems but are likely to change.

HONDURAS (continued)

Training will be extended to new categories of staff, especially directors of institutions, voluntary staff, community leaders and social workers in community centres or institutions or in important social welfare posts. A new aspect of the project will be the training of child-care workers in social welfare institutions. A school for child-care workers will be created where such staff will follow a complete course to obtain a diploma in child care; the school will be established on the site of the new market of San Isidro where one of the model day-care centres in this project will be set up. UNICEF will provide equipment and supplies for the new institutions and additional equipment for seven existing community centres; audio-visual equipment, books and transportation for the School of Social Services; and stipends for 15 training courses with 615 participants. The United Nations Department of Economic and Social Affairs will continue to provide an adviser and, within the limits of existing funds, will provide fellowships as well.

MEXICO

MALARIA ERADICATION
Continuation, mid 1965
to mid 1966

Recommended allocation: \$2,000,000
Technical approval: WHO

E/ICEF/P/L.613

At the end of 1964, when an evaluation of the campaign was made by the Government and WHO, the campaign had progressed to having areas covering some 540,000 square kilometres with 12.3 million inhabitants in the consolidation phase. Malaria transmission continues in areas covering some 515,000 square kilometres with 7.9 million inhabitants of which the hard core problem areas cover 286,000 square kilometres with 5.2 million inhabitants. The government proposes to reorganize the campaign to maintain an effective vigilance in the consolidation areas and to intensify the attack in the problem areas where various factors combine to maintain transmission. The year 1965 is a transition year in which arrangements for financing the programme and training personnel will be completed while evaluation and spraying operations are maintained and special measures are carried out in selected problem areas.

In view of the intensified operations throughout the problem areas proposed for 1966 and 1967, local costs are estimated at approximately three times the 1964 budget. The Minister of Health has announced the decision of the Government to make the necessary funds available to the programme. The allocation of \$2,000,000 for DDT, other insecticides, drugs and equipment was approved by the Executive Board on the understanding that the Government will make suitable arrangements to provide other transport, equipment and supplies required by the campaign for operations in 1966 and 1967. The further allocation proposed in 1966 will not exceed \$1,300,000. The Government has been advised of the limitations in UNICEF assistance to the campaign for operations through 1967. Supplies to complete the operations in 1965 will be shipped, but those for 1966 will be released only when the Government has completed arrangements to finance local costs and the provision of transport and supplies not provided by UNICEF.

WHO has a team of six advisers assigned to this campaign and is providing fellowships for national personnel and grants to facilitate special studies in problem areas.

NICARAGUABASIC HEALTH SERVICES/MCHContinuation, mid 1965
to mid 1966

Allocation approved: \$42,000

Technical approval: WHO

E/ICEF/P/L.610

In conjunction with the reorganization of the Ministry of Health, the Government began in 1964 to expand its services to the rural area. The basis for this expansion has been the sub-division of the country into three health regions, within which will be established a network of health centres and sub-centres, set up in accordance with the political and administrative organization of the country. A regional centre under the direction of a zoning physician and specialized technical personnel, will be established in each health region, and this centre will be responsible for the organization, co-ordination and supervision of all health activities within the areas under its jurisdiction. The goal for the period 1965/1966 is to set up two departmental centres, nine municipal centres and fourteen sub-centres. The Government now proposes to intensify the training of the public health specialists necessary for the development of the programme. In 1965/1966, courses will be held for 152 new nurse's aides and 125 nurse's aides already employed, 25 sanitation inspectors, 25 laboratory technicians and 30 statistical assistants, in addition to public health orientation courses for 30 physicians and 15 graduate nurses. The Health Ministry's reorganization plan includes the strengthening of the Biostatistics Section and the establishment of the Audio-visual Section to reproduce and prepare materials for the promotion of health. UNICEF will provide basic equipment for 25 health centres and sub-centres, reproduction equipment and calculators, three vehicles for health supervision at the regional level and stipends for the training of 402 persons. WHO provides the services of a chief medical consultant and a public health nurse and subject to the availability of funds, will furnish equipment, supplies and scholarships.

PANAMAHEALTH SERVICES AND
ENVIRONMENTAL SANITATION
Continuation, 1966

Allocation approved: \$89,000

Technical approval: WHO

E/ICEF/P/L.625

The Government proposes to continue the development of integrated public health services, with the aim of consolidating the results achieved and extending the plan to the entire country, thus:

- The central laboratory of the Ministry of Health, being the only laboratory responsible for the technical evaluation and supervision of all of Panama's public health laboratories is responsible for training laboratory technicians for all health services. UNICEF will provide basic equipment for the central laboratory and for training and vehicle for supervision purposes.
- The Government proposes to continue the orientation and advanced training programmes for physicians and graduate nurses, in addition to courses for nurse's aides, laboratory technicians and sanitation inspectors. The cost of stipends for most of the courses is shared equally by the Government and UNICEF.
- In order to intensify the sanitation programmes UNICEF will supply pumps, piping and replacement parts for the drilling of 204 new wells in the central zone where UNICEF has already been co-operating. The wells will be drilled only in rural communities having populations of between 300 and 1,000 as these are too small to be included in water-supply programmes financed by the Government with other international resources (IBD).

WHO will continue to assist in the implementation of the project through its Chief Public Health Adviser and a sanitary agent.

PANAMA

MALARIA ERADICATION
Continuation, 1965/1966

Allocation approved: \$111,000
Technical approval: WHO

E/ICEF/P/L.614

This campaign is nearing completion of three years of attack following the change of insecticide to DDT protecting some 1,165,000 inhabitants. The results of the epidemiological evaluation during this period show an over-all annual decrease in cases. However, there are five areas with little progress where 74 per cent of the cases found in 1964 were located. Migration of population, new house construction and temporary housing are principal factors affecting progress in these areas of extensive agricultural development. Considerable improvement in administration and execution of the campaign has been made; however, some continuing administrative problems and reductions in the funds budgeted have limited the effectiveness of the campaign and the necessary attention to the problem areas. For the 1965/1966 operations, UNICEF will provide DDT, supplies and transport.

PANAMA

APPLIED NUTRITION
Continuation, mid 1966
to mid 1967

Allocation approved: \$35,600
Technical approval: FAO and WHO

E/ICEF/P/L.550

The applied nutrition programme was begun in the provinces of Cocle, Herrera, Los Santos and Veraguas in 1963 upon the completion of a survey of the nutritional habits of the local population. An orientation seminar was held for senior officials of the three Ministries participating in the programme (Agriculture, Public Health and Education) and a training course was given to supervisory and field staff, including teachers and sanitary inspectors. In accordance with the plan, school gardens were established in 41 communities, with a school population of some 12,000 children, and in 4 normal schools, and nutrition activities were started in 14 health centres, 8 extension agencies, 52 4-H clubs and 50 women's clubs.

During 1966/1967 the Government intends to expand the programme, extending it to other schools and related institutions in the area. The project at this stage will accordingly include 32 new schools with a school population of about 6,000 children, 9 health centres and 6 extension agencies. In addition, the programme in the 41 schools and institutions included in the first stage will be continued, an effort being made to intensify and consolidate the nutrition activities. During the same period, the following training courses will be organized: a course in horticulture for 100 teachers; a course in basic nutrition and nutrition education for 225 teachers; and a course in supervision for 67 persons, including school supervisors, extension agents, nurses, sanitary inspectors and social auxiliary workers.

UNICEF will provide seeds, fertilizers, fungicides and pesticides for gardens in 73 schools; gardening tools for 32 new gardens; kitchen equipment for school lunches and for demonstration purposes at health centres and extension agencies; audio-visual materials; and stipends for the training of 402 teachers and supervisory staff.

PARAGUAY

BASIC HEALTH SERVICES
Continuation, 1965-1966

Allocation approved: \$97,000
Technical approval: WHO

E/ICEF/P/L.635

The environmental sanitation plan of the Ministry of Health provides the following for 1965 and 1966: drilling of 75 deep wells for schools, health centres and scattered villages; drilling of 425 shallow wells for scattered villages; rehabilitation of 450 wells which currently require repair or improvement; and installation of drinking water in 20 health centres which at present are supplied from outside wells. The improvements contemplated for maternal and child health services during the same period include: construction (or completion of construction) of 19 health centres; increased care for pregnant women, both in health centres and through home visits, which will be substantially increased; and training of personnel currently in service. UNICEF will provide pumps and piping for public wells in scattered rural villages and connexions for the provision of water to health centres; additional equipment for health centres and dental clinics; additional equipment for maternity care; transport and stipends, for 30 sanitation inspectors, 40 visiting auxiliary nurses, 40 auxiliary nurses, 20 statistical personnel and 21 laboratory technicians. WHO will continue to assist in the programme through its consultant team in the country and will also provide fellowships.

PARAGUAY

MALARIA ERADICATION
Continuation, 1966

Allocation approved: \$265,000
Technical approval: WHO

E/ICEF/P/L.624

The malaria eradication campaign in Paraguay, where the attack with dieldrin had not made substantial progress in the epidemiological situation, suspended spraying operations in 1961. Since that time, some evaluation activities and control measures have been maintained. Before resuming the attack using DDT, it was agreed that changes in organization and administration were necessary and that more extensive entomological and epidemiological investigations should be made of the malarious area. Changes in administration have now been made, and, with the collaboration of WHO, a revised plan has been prepared for the resumption of the campaign.

The attack phase, with total-coverage spraying using DDT in six-month cycles, will cover the entire country with the exception of the capital and three departments in the south-east (Central, Neembuco and Misiones) where spraying operations will cover only five kilometres of barrier zones along the rivers. The remainder of the south-east departments will continue in consolidation with radical treatment of cases and focal spraying where necessary. In the areas of the attack phase, there are approximately 1,234,000 inhabitants and in the areas of the consolidation phase approximately 305,000. Spraying operations will be by motorized, river or mounted teams in accordance with the physical characteristics of the areas. Evaluation operations will include the participation of voluntary collaborators in the case-finding activities, and investigation of new areas of agricultural or industrial development and population movements which may affect the malaria situation.

UNICEF will provide DDT 75 per cent, sprayers and spares, laboratory supplies and transport. WHO will provide six consultants, fellowships for the training of national personnel, anti-malaria drugs and entomological equipment. The Government has requested assistance from the United States Agency for International Development to cover part of the local cost of the campaign.

PARAGUAY

NUTRITION EDUCATION AND
RELATED ACTIVITIES
Continuation and extension,
mid 1965 - mid 1967

Commitment approved: \$59,000
Allocation approved 1965/1966: \$41,000
Technical approval: FAO and WHO

E/ICEF/P/L.513

The basic aim of this project is to develop a co-ordinated programme to combat malnutrition through the combined efforts of several government agencies in rural areas of the country. During the period mid 1965 - mid 1967 the programme will be extended to 60 new communities, where school and community gardens will be developed. A total of 110 primary schools will be involved, fifteen of which will be in the newly opened colonial areas of Alto Parana and Casguazu, where the Government is presently concentrating additional investments as part of the national economic and social development plan. A new aspect of the plan calls for the development of gardens at the sites of 50 smaller primary schools, which provide only two to four of the traditional six years of primary education. The larger schools will serve as demonstration and training centres and at a later stage will help the smaller schools by providing locally developed seeds. In addition, egg and poultry co-operatives will be formed. Parent, school and community groups will collaborate with the project, forming local committees to develop and co-ordinate the activities. Training activities will be continued; up to the end of 1967, it is planned to train 135 school directors, 24 normal school teachers, 240 primary school teachers, 30 agricultural extension workers, 110 health workers from rural health centres, 120 homecraft workers and 120 home educators and 540 community leaders. FAO, UNESCO and WHO personnel in the country will assist in the training courses. The School of Social Work, now associated with the Universidad Nacional, assist in the training of the community leaders. UNICEF will provide supplies and equipment for school gardens, poultry raising and food and sewing demonstrations; audio-visual equipment for training; and stipends for training 1,319 persons.

PARAGUAY

PRIMARY EDUCATION
First request for UNICEF
aid, 1966

Allocation approved: \$23,000
Technical approval: UNESCO

E/ICEF/P/L.543

The Ministry of Education has completed a two-year plan for the development of education at all levels as part of the ten-year economic and social development plan recently prepared with the assistance of United Nations and other international agencies. Part of the education plan is directed to the improvement of services and facilities in the newly developing colonial areas in the eastern part of the country and to the improvement of the quality of teaching in all rural primary schools. The plan calls for the construction or renovation of primary schools, the upgrading of primary school teachers and the improvement of teaching standards at normal schools. The present project has been developed after careful planning with bilateral and international organizations so as to co-ordinate all efforts and avoid duplication. The quality of teaching in rural schools will be upgraded through the introduction of modern teaching techniques, through short courses and seminars teaching the best uses of locally available materials as teaching aids. Graduates will receive a certificate of participation from the Ministry of Education and additional consideration from the Ministry of Education according to their rank. UNICEF will provide stipends for 50 supervisors and 100 primary school directors in one month courses; stipends for 200 primary school teachers in two weeks courses; teaching aids, supplies, duplicating equipment, carpentry tools, paper on books. UNESCO will provide supervision for the project through its mission in the country and is providing professors at the National Science Institute under the Expanded Programme of Technical Assistance. Some teaching in the in-service training courses as well as in the summer courses at the Institute will be undertaken by UNESCO personnel.

PERU BASIC MCH Allocation approved: \$64,000
Continuation, 1965/1966 against approved commitment

PERU HEALTH SERVICES: MCH AND Allocation approved: \$34,000
ENVIRONMENTAL SANITATION Technical approval: WHO
(LCRETO)
Resumption and extension, 1966

E/ICEF/P/L.618/Rev.1

During the first year of the five-year plan to be implemented in the health area of Loreto, it is proposed to develop three health units. UNICEF will participate in the development of two units, while the National Health Fund will be responsible for the third. Two hospital/health centres will be strengthened and improvements made to six existing health centres. In addition, 19 sub-centres will be improved and 16 new ones created. As the shortage of personnel is critical, health posts will be set up in the schools of 40 communities, where the teacher, who will have received prior training, will administer first-aid, give vaccinations, impart health education and direct communal work on environmental sanitation. Efforts will be carried out with the co-operation of the untrained personnel working in the health area attend training courses. Professional health personnel will attend the courses at the UNICEF-aided School of Public Health in Lima. The training of 13 sanitary inspectors and 94 nursing auxiliaries will be carried out with the co-operation of the School of Public Health. There will be a programme for the training of lay midwives (empirics), with a view to encouraging them to practice modern principles of hygiene. Training courses will be organized for teachers in the communities, with the co-operation of the Ministry of Education.

The Basic Rural Sanitation Plan, financed by the Inter-American Development Bank, includes the provision of drinking-water for the rural population of 25 villages having less than 2,000 inhabitants. UNICEF will assist in the construction of latrines; for this purpose, a sanitation workshop will be set up in the town of Iquitos. UNICEF will also provide equipment for maternal and child welfare services and laboratory equipment for two hospitals and health centres; basic equipment for seven health centres; dental equipment for five health centres; basic equipment for 26 sub-centres; 68 kits for doctors, public health nurses and health posts in schools; equipment and books for training; transport and tools for a sanitation workshop. WHO will provide the services of a doctor specialized in public health administration, public health nurse and a public health engineer, as well as fellowships for specialized study abroad by national personnel.

VENEZUELA HEALTH SERVICES: Commitment approved: \$395,000
ENVIRONMENTAL SANITATION Allocation approved, 1966: \$190,000
Continuation, 1966-1967 Technical approval: WHO

E/ICEF/P/L.504

The purpose of this project is to provide adequate water supply services to 150 communities in the Andean zone south of Lake Maracaibo, comprising parts of the States of Trujillo, Tachira and Zulia. The programme involves also health, housing, education and community development. One of the main purposes of the project is to intensify governmental action for resettlement of the peasants from the Andean mountains in the level cultivable lands of the region, so as to prevent movement of families from the country to the towns. This movement has been a very serious matter in recent years and has helped to make the problem of unemployment in the towns more acute. By November 1964 the water supply services were operating in 29 communities and almost completed in 22 communities. In other communities work was at various stages of planning and construction to complete the initial programme for 150 communities this year. During 1966 and 1967 the Government proposes to extend the programme to 142 more communities in the same States of Zulia, Tachira, Merida and Trujillo and also

VENEZUELA (continued)

to the States of Barinas, Portuguesa and Lara, which form part of the Andean Region. It is expected that water will be supplied to about 20 communities in each of the seven states mentioned serving a population of approximately 45,000. The water supply systems are being planned to serve a population twice that of the communities benefited today. UNICEF will provide pipe and fittings for wells and distribution systems. WHO will continue to provide technical advice through short term consultants and advisers from the Regional Office and it will continue to grant fellowships for the training of Venezuelan technical personnel abroad.

THE AMERICAS REGION

HEALTH SERVICES: TRAINING
(WEST INDIES AND CARIBBEAN
AREA)
Continuation, 1965-1966

Allocation approved: \$38,000
Technical approval: WHO

E/ICEF/P/L.487

Three courses have been held for sanitary inspectors in Barbados and Jamaica and two for district nurses in Barbados. A course in paediatric nursing and a course for medical laboratory technicians were in progress at the end of 1964 at the University of the West Indies in Jamaica. The following courses will be given in 1965-1966:

- a) District nurses: An eight-week course designed to give the district nurses a greater understanding of public health work, with emphasis on health education, supervision and local staff education. The participants will include 30 district nurses from eight territories and superintendents of public health nurses from three territories.
- b) Medical laboratory technologists: Four senior technicians from four territories will attend the second eleven-month course in public health laboratory techniques at the University of the West Indies in Jamaica.
- c) Public health statisticians: In order to cope with the urgent need for properly trained public health statisticians, a four-month course is being organized at the University of the West Indies in Jamaica. A total of 24 persons will participate.

UNICEF will provide equipment, supplies, reference materials and stipends and travel costs for 61 participants in training courses. WHO will assist in organizing the courses and will provide instructors from zone and project staff.

THE AMERICAS REGION

BASIC HEALTH:
PAEDIATRIC TRAINING
Continuation, 1965/1966

Allocation approved: \$31,000
against approved commitment

THE AMERICAS REGION
(Caribbean)

SOCIAL SERVICES TRAINING
(University of the West
Indies, Jamaica)
First request for UNICEF
aid, mid 1965 to mid 1967

E/ICEF/P/L.599

Commitment approved: \$59,000
Allocation approved,
1965/1966: \$36,000
Technical approval: United Nations
Department of Economic and Social
Affairs

The objective of this project is to improve the quality of social welfare services in the Caribbean area by providing training for personnel employed in government and voluntary agencies in this field. The training will be provided by the University of the West Indies in three types of courses: a two year certificate course in social work offered in the Faculty of Social Sciences; a sixteen-week course in social work principles and practices for new trainees and a two-week refresher/evaluation course for workers who have had some previous training, the last two courses sponsored by the Extra-Mural Department. A sixteen-week residential course for twenty students from the region will be organized at the Social Welfare Training Centre, University of the West Indies, from January to May in 1966 and another in 1967 under the direction of the Staff Tutor. This course will be intensive, designed to help the students become more proficient in their work by improving their knowledge and understanding of Caribbean society and its problems, social sciences related to social work, and the principles and methods of social work practice and their application to the particular problems of the area. Field work will be an essential part of the course. It will be arranged on an individual basis to meet the particular needs of each student. Certificates of attendance will be presented to the students on completion of the course. During the same period a refresher course of two weeks' duration will be offered to a selected number of trainees who participated in earlier short courses similar to the one described above. UNICEF will provide audio-visual and printing equipment and books for the Extra-Mural Department, a vehicle for supervision of field work, stipends for 40 participants in two sixteen-week courses, including travel expenses, and stipends for 15 participants in a two-week refresher/evaluation course, including travel expenses. As a means of making professional training available to additional qualified workers of demonstrated leadership capacity, UNICEF will also assist with fellowships for the two-year social work certificate course given in the Faculty of Social Sciences, by paying 75 per cent of the cost of such fellowship in the first year and 50 per cent in the second. The University will be responsible for financing the balance of these fellowships and for the selection of the candidates. In addition to the assistance mentioned above, UNICEF will provide salaries, travel and per diem for two visiting lectures for the course on social development, and the salary of the co-ordinator and local office expenses for the El Salvador study.

THE AMERICAS REGION

PLANNING FOR CHILDREN AND YOUTH
(Latin American Planning Institute)
Continuation, mid 1965 to end 1966

Allocation approved: \$80,000

E/ICEF/P/L.606

Since 1962 UNICEF has made available the sum of \$213,000 for the purpose of promoting the research and training activities of the Social Programming Division of the Latin American Institute for Economic and Social Planning. During the next eighteen months these activities will continue. UNICEF will maintain support for the two faculty posts and provide fellowships for four graduate students and two research assistants, and for two government officials in the social field to take the basic course. In addition to further work on the main research project - the study of the social and economic factors in stagnation and development in Latin America - the staff will participate in developing three or four Latin American country case studies on "Youth and National Development".

THE AMERICAS REGION (continued)

The following special projects are envisaged:

- El Salvador study on the needs of children: On the basis of the research design that has been agreed upon by the Government, the Institute and UNICEF, a co-ordinator will be appointed in the country and an office set up to compile and prepare the information gathered. The staff of the Division will participate later in the theoretical orientation of the study and in the field work.
- Course on social development in Latin America: A course approximately four months' duration will be organized by the Division of Social Programming for ten fellows. It will be the first planning seminar of this kind based on original research studies of the problems of social development in the region. It will also focus on the role of youth and on the formative phases of personality. Two visiting lecturers will supplement the regular staff for this course.
- Advisory services: It is expected that, as a result of the Latin American Conference on Children and Youth in National Development, which is to be held in December 1965, follow-up requests for advisory services in this field will be forthcoming from the Governments of the region. The advisory groups will be drawn from the staff of the Division, including the professors, post-graduate students and research assistants.

THE AMERICAS REGION

PLANNING FOR CHILDREN AND YOUTH
(Latin American Conference on
Children and Youth in National
Development)
Continuation, 1965

Allocation approved: \$65,000

E/ICEF/P/L.551

The purposes of the Conference are:

- To study the needs and problems of children and youth in Latin America;
- To examine the present approach to meeting the needs of children and youth within the context of the national development plans of five countries in the region;
- To consider improved methods for planning to meet the needs of children and youth within national development plans;
- To provide an opportunity for an exchange of information and experience among countries in Latin America concerning the welfare and development of young people within the framework of national development;
- To stimulate further studies and research on the needs of children, and the formulation of appropriate policies and programmes for their welfare and development.

Participants will be drawn from planning and policy levels of planning organizations, functional ministries, departments and agencies of Latin American countries, concerned with the problems of children, as well as from universities and research institutes. A few experts from within and outside the region have been invited to contribute papers and participate in the Conference. In addition, representatives of the Department of Economic and Social Affairs of the United Nations, the ILO, FAO, UNESCO, WHO and the IBERD are being invited. The number of participants is estimated at sixty-five. UNICEF will provide travel and living costs for 42 participants, funds for the preparation of documents (5 country case studies on taking account of children and youth in national development; 20 national reports on the situation of children and youth; papers on special topics prepared by experts from within and outside the region), running costs of the Conference (interpretation and translation) and funds for the publication of conference report. ECLA and the Latin American Institute will provide premises and facilities for the Conference including editorial services, translators and precis writers for taking informal records of the meeting, secretarial services and reproduction and distribution of documents.

F. INTERREGIONAL

INTERNATIONAL CHILDREN'S CENTRE
Continuation 1966-1971

Commitment approved: \$2,350,000
Allocation approved for 1966: \$400,000

E/ICEF/P/L.554 and 555

The proposed programme for 1966 represents a continuation and extension of activities in the developing countries and a steady trend toward adaptation or adjustment of these activities to the needs of children. Of particular note in the projects outside of Europe is the growing emphasis on social problems, special concern with the pre-school child, and the emphasis on children and youth in development planning. The Centre has become increasingly an inter-regional centre for education and training, and a laboratory where new methods of action and new ideas in the area of child welfare are constantly being developed, tested and propagated. The programme for 1966 includes three courses in Africa, one of which will be organized at Dakar on the subject of public health problems as applied to children. A preliminary study will be made of the pre-school child. In the Americas, the Centre will again collaborate with the Pan American Health Organization and WHO in a course in social paediatrics. Other courses and seminars will include training for judges of children's courts, organized by the Interamerican Children's Institute. In Europe, the Centre plans to hold a number of courses and seminars for teaching personnel, doctors, para-medical staff, social welfare and administrative personnel, youth movement workers and child court judges. Research and applied studies will be continued as in previous years, including further studies on the prevention of tuberculosis and on the vaccination of children. More than 20 per cent of the research budget is earmarked for social studies.

For the five year period 1967-1971, the Board approved a commitment of \$2,350,000, indicating its approval in principle to share the costs of operation equally with the French Government. The purpose of the commitment is to enable the Centre to establish its plan of action for future years on a firm financial basis. Following the procedure adopted by the UNICEF Executive Board in 1949, annual allocations within this commitment would be recommended by the Board for approval on the basis of a plan of operations and budget proposed by the governing body of the Centre.

INSTITUTE OF CHILD HEALTH,
LONDON, AND ASSOCIATED
OVERSEAS INSTITUTIONS

PAEDIATRIC TRAINING
Resumed: mid 1965-1969

Commitment approved: \$159,000
Allocation approved for 1965/1966: \$15,000

E/ICEF/P/L.583

As the project approved by the Executive Board in 1961 was due to terminate at the end of the third (1964-1965) course (i.e. in August 1965) an evaluation of the scheme was undertaken in London in November 1964 by a meeting of representatives of the Institute of Child Health, UNICEF and WHO. The review panel unanimously recommended the resumption of the course for a further period of three years (1966-67 to 1968-69), allowing a respite of one year after the conclusion of the present project to permit various improvements to be introduced. So far as training in the United Kingdom is concerned, the pattern will generally follow that adopted during the past three years, but with increased emphasis on obtaining greater practical experience, particularly in the preventive side of social paediatrics, and on participating, so far as practicable, in relevant activities being carried on in appropriate institutions. Aided attention will be given to the organization and administration of paediatric departments, methods and practice of teaching, the development of research, statistics, libraries, and generally an appreciation of the whole range of the problems of children in connexion with national programmes of social development. So far as training in overseas institutions is concerned, it is proposed to discontinue the practice previously adopted of arranging for the fellows to visit a number of centres for relatively short periods, and to arrange instead for them to participate in a specially prescribed course, covering a period of fourteen to seventeen weeks at a single university or medical school, situated in an area where training and experience, particularly in field work, can be obtained in all the problems affecting child health and welfare arising in conditions common to most developing countries. Negotiations are proceeding, in association with WHO, on the selection of such a centre and the determination of the curriculum and scheme of training to be adopted. The commitment of \$159,000 approved by the Board includes \$15,000 for preparatory work in 1965/1966 and \$144,000 for assistance in the full training course for three academic years, including provision for books and equipment as well as the salary of a tutor and secretarial staff, honoraria for lecturers, and fees to assisting institutions, travel of tutorial staff in the United Kingdom, subsistence, fees and travel costs for 6 fellows and travel subsistence of tutor accompanying fellows outside the United Kingdom.

ADVANCE TRAINING IN NUTRITION
AND FOOD SCIENCE (London/Ibadan)
Continuation, 1965/1966

Allocation approved: \$141,000
against approved commitment

ADVANCE TRAINING IN APPLIED
NUTRITION AND FOOD ECONOMICS
(France/Senegal)
Continuation, 1965/1966

Allocation approved: \$93,000
against approved commitment

WHOLE MILK FOR HEALTH SERVICES

Allocation approved: \$135,497

E/ICEF/P/L.615

Milk-fund drives in Austria and Ireland in 1964 resulted in the availability of funds for the purchase and delivery to country destinations of 274,057 pounds of dry whole milk. These funds have been recorded in UNICEF's accounts for 1964 as "private contributions" and form part of the general resources. Allocations made against these collections do not absorb other resources of UNICEF. The Government of Switzerland donated 300 tons of dry whole milk in 1964, with packing and ancillary charges to be borne by UNICEF. The allocation approved is based on the following calculation:

	<u>US dollars</u>
Value of whole milk available from private milk-fund drives	92,891.86
Cost of packing and ancillary charges on milk donated by the Swiss Government	<u>43,464.81</u>
Total	136,356.67
Less funds remaining from previous allocations	<u>- 859.82</u>
Recommended allocation	135,496.85

The value of the milk delivered has been apportioned to the respective health services products as shown in the annex to E/ICEF/P/L.615.

FOOD TESTING AND DEVELOPMENT
Continuation, 1965/1966

Allocation approved: \$100,000
against approved commitment

ACQUAINTING PLANNERS WITH PROBLEMS
OF CHILDREN IN NATIONAL DEVELOPMENT

Allocation approved; \$44,000

E/ICEF/P/L.632/Rev.1

To acquaint planners from developing countries with the basic problems of children and youth in national development, and to provide an opportunity for them to exchange views with respect to how the younger generation could be taken account of in the preparation of development plans and programmes, a two-week seminar will be organized in Paris for planners, concerned with social problems, currently working in French-speaking African countries. The seminar will be sponsored by UNICEF, The International Children's Centre (ICC), and the Institut d'Etudes du Developpement Economique et Social (IEDES). Four student-planners, who have graduated from the three year planning course at IEDES, will be awarded six-month fellowships to permit them to undertake theoretical and practical training on problems of children and youth in development planning. Training in this subject will later be introduced into the regular courses at IEDES. After completing training, the planners will return to their own countries to work in planning ministries or in functional ministries with programmes benefiting children. The field training of the fellows will be supervised by a professor, who would also assist in the preparation of course material on children's problems in development, which would be introduced into the regular course for planners offered by IEDES. Based on the experience of this programme, UNICEF will explore the possibility of organizing similar training for officials concerned with social planning from English-speaking countries. UNICEF will provide per diem and travel expenses for 12 participants in November 1965 seminar and for the experts, 4 six-month fellowships for student-planners, the salary of professor for 10 months, travel costs for the professor and fellows and secretarial services. IEDES and the ICC will provide the services of some of their teaching staffs for the November 1965 seminar, and also various administrative services.

PLANNING FOR CHILDREN AND YOUTH
(Asian Institute for Economic
Development and Planning)
Continuation, mid 1965/end 1966

Allocation approved: \$40,000

E/ICEF/P/L.537

The Executive Board approved in January 1964 a sum of \$30,000 for the purpose of promoting training and study in the field of social development planning at the Asian Institute for Economic Development and Planning. UNICEF agreed to provide the Institute with supplies and equipment for teaching activities and funds for the salary of a faculty member who would organize and co-ordinate all teaching and research in the field of social planning and participate in preparations for the Asian Conference on Children and Youth in National Planning and Development, to be held in Bangkok from 13 to 24 September. The Faculty member was appointed in January 1965 and will serve in the UNICEF financed faculty post until the end of 1965, at which time he will be transferred to another position in the Institute. The Director of the Institute is now considering candidates for the faculty post for the second year, and it is hoped that an appointment can be made in the second half of 1965. The funds now approved will cover the salary and travel expenses of a faculty member for the second year, two visiting professors to spend four or five weeks teaching at the Institute in 1965/1966, and two fellowships, to be awarded in the academic year 1966 to persons engaged at senior levels in planning for the younger generation within the context of national planning and development.

STUDY ON PLANNING FOR CHILDREN AND
YOUTH IN NATIONAL DEVELOPMENT
United Nations Research Institute
for Social Development, Geneva
First request for UNICEF aid

Allocation approved: \$53,000

E/ICEF/P/L.545

The funds approved are for a study on planning for children and youth in national development to be undertaken by the United Nations Research Institute on behalf of UNICEF. The study will deal primarily with methods by which countries in different stages of development can plan to meet the needs of their children and youth, and prepare them for their future contribution to development programmes. It is foreseen that the results of the study will be of use to government planners, administrators of departments with services benefiting children, and by those who, at the request of Governments, provide advisory services on the problems of children and youth in national development. The study will also provide material for training courses for general planners. A planner economist and a planner-sociologist will be attached to the Research Institute for Social Development in Geneva, and would undertake field visits to several countries in developing regions. As a preliminary step, a review will be made of available material concerning the nature and magnitude of the needs of children and youth in these regions. The consultants will examine the documentation prepared for the Asian and Latin American Conferences on Children and Youth in National Development, national development plans, and other material on the subject prepared by Governments, and by the United Nations specialized agencies, regional economic commissions and planning institutes, and other organizations. The consultants will then concentrate on general methods of planning within the framework of national development with a view to meeting children's needs and preparing the younger generation for their future roles in society, examining development plans to see how they are prepared, what provisions are made for young people and what will be required of the rising generation at a later stage in the execution of the development plans, and assessing the impact of various aspects of the development plans. UNICEF will provide the salary of the economist consultant for 15 months, the salary of the sociologist consultant for 6 months, travel costs and per diem, secretarial services and funds to cover the translation and printing of the final report.

FINANCING INTERNATIONAL PERSONNEL FOR
PROJECTS ASSISTED JOINTLY BY UNICEF
AND INTERNATIONAL TECHNICAL AGENCIES

Allocation approved: \$347,300

E/ICEF/P/L.597 and Amendment 1

The allocation approved relates primarily to expert posts and fellowships for which financing is required in 1966, the second year of the current EPTA programme. These are in part new posts, and in part extensions of previously approved posts, except where delays in recruitment during 1964/1965 have resulted in earlier allocations remaining available to finance the respective posts in 1966. In regard to 1965, the financing of the main requirements was approved by the Board at its June 1964 session. Since then, however, requests have been received for a limited number of posts which had not been foreseen in 1964, and the allocation now approved therefore includes supplementary allocations for 1965. UNICEF will reimburse the amounts of actual expenditures, which may be higher or lower than the estimates.

EMERGENCY RESERVE

Allocation approved: \$61,500

ICEF/CRP/65-23

In June 1962, the Executive Board established a reserve allocation of \$25,000 which was placed at the disposal of the Executive Director for the provision of assistance in minor emergencies occurring between Executive Board sessions. On the recommendation of the Executive Director, this reserve allocation was increased to \$50,000 by the Executive Board at its session in January 1964. From the \$50,000 emergency reserve allocation established in January 1964, assistance has been provided in the amount of approximately \$11,500 for drugs for the control of a recurring cerebro-meningitis epidemic in West and Central Africa, leaving a balance of approximately \$38,500 in the reserve fund. In order to raise the emergency reserve allocation to \$100,000, the Board approved an allocation of \$61,500.

ALLOCATION TO COVER
OVER-EXPENDITURES

Allocation approved: \$23,988

E/ICEF/P/L.596

This allocation was approved to cover deficits incurred in the course of fulfillment of six projects previously approved by the Board.

FREIGHT ACCOUNT

Commitment approved: \$2,000,000
Allocation approved: \$3,100,000

E/ICEF/P/L.550/Rev.1, para. 18

The Board has adopted the practice of making a single allocation for the global freight account rather than allocating freight costs to individual projects. The existing commitment for the freight account amounts to \$4,117,500. Against this commitment, the Board approved an allocation of \$3,100,000 for the cost of ocean freight on supplies to be shipped during the next twelve months. This includes approximately \$550,000 for the shipment of milk and \$2,550,000 for other shipments. The allocation takes into account the balances existing in allocations for freight. This leaves an outstanding freight commitment of approximately \$1 million. As it will cost approximately \$3 million to ship the total supply assistance for which commitments are outstanding at the close of this session the Board approved an additional commitment of \$2.0 million for the freight account.

ANNEX VI

COMMITMENTS AND ALLOCATIONS APPROVED BY THE
EXECUTIVE BOARD IN JUNE 1965

Table 1

Allocations approved by the Executive Board in June 1965 and
reductions of outstanding obligations through savings or
cancellations of allocated funds

(in US dollars)

	Action taken by Board				
	Allocations approved			Redistri- bution of global allocations b/	Savings or cancel- lations c/
	Long-range aid		Emer- gencies		
	New allocations	Transfers			
I. AFRICA	4,756,093 ^{a/}	(208,200)	11,503	635,919	85,122
II. EAST ASIA AND PAKISTAN	3,289,662	-	8,573	1,036,398	5,326
III. SOUTH CENTRAL ASIA	5,780,458	-	-	633,100	372,955
IV. EASTERN MEDITERRANEAN	2,717,501	-	275,000	399,418	61,468
V. EUROPE	505,259	-	-	89,770	143,667
VI. THE AMERICAS	5,378,633	-	-	901,888	275,674
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION	3,998,306	-	49,997	(3,696,493)	149,126
Total (I-VII)	26,425,912	(208,200)	345,073	-	1,093,416
VIII. OTHER ASSISTANCE: Operational services					95,692
IX. ADMINISTRATION					85,913
Total (VIII-IX)					181,605
Grand Total					<u>1,275,023</u>

^{a/} Includes transfers shown in parentheses in next column.

^{b/} For international project personnel and fellowships on FAO/UNICEF-assisted projects, international project personnel contingency and freight as per documents E/ICEF/P/L.594, E/ICEF/P/L.597/Amend.1, para. 8 and E/ICEF/P/L.629.

^{c/} Consists of reductions of outstanding obligations through savings or cancellations of allocated funds (see E/ICEF/P/L.596):

Unspent balances from previously approved country allocations \$1,093,416
Operational services and administrative costs for 1964 181,605

\$1,275,023

Table 1 (continued)

	Action taken by Board				
	Allocations approved			Redistri- bution of global allocations	Savings or cancel- lations
	Long-range aid		Emer- gencies		
	New allocations	Transfers		b/	c/
I. AFRICA					
Algeria	365,400	-	-	16,803	-
Basutoland	81,000	(14,400)	-	65,922	-
Bechuanaland	65,000	-	-	-	-
Burundi	36,486	-	-	865	-
Cameroon	-	-	-	6,192	-
Central African Republic	63,400	(2,900)	-	6,034	3,093
Chad	24,000	(9,300)	-	8,618	-
Comoro Islands	-	-	-	-	5,550
Congo (Brazzaville)	98,000	-	-	4,572	-
Congo (Democratic Republic of)	-	-	-	15,763	-
Dahomey	14,000	(4,400)	-	12,494	-
Ethiopia	334,395	-	-	53,328	-
Gabon	48,100	(15,000)	-	2,411	-
Gambia	50,000	-	-	3,723	-
Ghana	135,000	-	-	6,326	-
Guinea	120,000	-	-	4,271	56,071
Ivory Coast	159,800	(7,700)	-	25,430	-
Kenya	253,000	(8,700)	-	103,144	-
Liberia	66,000	(12,700)	-	748	-
Madagascar	-	(6,300)	-	11,935	-
Malawi	90,000	(3,300)	-	5,868	-
Mali	262,400	(8,100)	-	22,787	-
Mauritania	190,183	(27,900)	-	10,381	-
Mauritius	1,486	-	-	9,006	-
Morocco	305,600	-	-	27,700	290
Niger	87,200	(24,700)	-	4,798	-
Nigeria	370,200	(13,100)	-	51,142	4,268
Rwanda	66,486	-	-	5,932	-
St. Helena	-	-	-	23	-
Senegal	93,000	(4,400)	-	16,158	-
Seychelles	-	-	-	1,181	-
Sierra Leone	109,000	(13,400)	-	3,011	-
Somalia	169,795	-	-	8,239	-
Southern Rhodesia	50,000	-	-	-	-
Swaziland	17,000	(13,500)	-	1,313	-
Tanzania (United Republic of)	102,721	(8,700)	-	41,295	-
Togo	105,670	-	-	3,463	-

Table 1 (continued)

	Action taken by Board				
	Allocations approved			Redistri- bution of global allocations	Savings or cancel- lations
	Long-range aid		Emer- gencies		
	New allocations	Transfers		b/	c/
AFRICA (continued)					
Tunisia	357,218	-	-	23,495	16,070
Uganda	62,000	-	-	29,840	-
Upper Volta	250,553	-	-	19,734	-
Zambia	88,800	(1,900)	-	930	-
Regional:					
Emergency drugs for cerebrospinal meningitis	-	-	11,503	-	-
FAO project personnel	67,200	(7,800)	-	-	-
Paediatric training (Makerere)	-	-	-	266	-
Post-basic nursing (Ibadan)	-	-	-	186	-
Social services/ community develop- ment training (Makerere)	-	-	-	112	-
Training in nutrition, agriculture and home economics	-	-	-	480	-
Total	4,756,093	(208,200)	11,503	635,919	85,122
II. EAST ASIA AND PAKISTAN					
Burma	421,789	-	-	72,267	1,899
Cambodia	170,254	-	-	7,809	-
China	433,446	-	-	131,457	-
Hong Kong	9,000	-	-	6,370	-
Indonesia	53,818 ^{d/}	-	-	311,408	-
Japan	-	-	-	5,497	-
Laos	578	-	-	3,085	-
Malaysia	63,000	-	-	49,777	200
Pakistan	416,920	-	-	230,753	70
Philippines	405,000	-	-	65,273	79
Republic of Korea	219,000	-	-	14,874	-

^{d/} For dried whole milk delivered in 1964 (see E/ICEF/P/L.615).

Table 1 (continued)

	Action taken by Board				
	Applications approved		Inter-agencies	Redistribution of global allocations	Divisions or organizations
	In accordance with				
	the	Transfers	b/	c/	
EAST ASIA AND PAKISTAN					
(continued)					
Republic of Viet-Nam	310,216	-	8,573	44,830	-
Thailand	606,641	-	-	82,693	-
Taiwan	-	-	-	3,704	1,911
Western Samoa	-	-	-	137	1,117
Regional:					
Pacific Island territories	100,000	-	-	6,101	-
Total	1,016,857	-	8,573	1,016,395	4,938
III. SOUTH CENTRAL ASIA					
Afghanistan	617,458	-	-	59,249	-
Ceylon	137,000	-	-	5,196	-
India	4,711,000	-	-	567,215	312,233
Malaysia	10,000	-	-	-	-
Nepal	211,000	-	-	1,140	-
Total	5,776,458	-	-	633,100	312,233
IV. EASTERN MEDITERRANEAN					
Algeria	58,104	-	-	4,149	-
Cyprus	1,857	-	-	1,308	-
Iran	1,195,000	-	-	197,248	22,264
Iraq	215,000	-	-	21,149	-
Israel	117	-	-	1,961	35,443
Jordan	144,893	-	275,000	35,659	702
Lebanon	35,000	-	-	16	-
Libya	23,782	-	-	6,543	-
Saudi Arabia	-	-	-	5,209	-
Sudan	129,834	-	-	7,477	-
Syria	585	-	-	4,188	-
Turkey	445,000	-	-	59,106	-
United Arab Republic	396,000	-	-	53,322	3,700
Yemen	142,382	-	-	2,163	-
Total	3,717,592	-	275,000	399,418	62,409

Table 2 (continued)

	Action in early 1961				
	Allocations approved			Actual	
	Low-range aid			Actual	Actual
	New allocations	Transfers	Debt-financed	Actual	Actual
V. EUROPE					
Greece	-	-	-	2,000,000	-
Ireland	175,259	-	-	2,000,000	2,000,000
Spain	241,000	-	-	2,000,000	2,000,000
Yugoslavia	89,000	-	-	2,000,000	2,000,000
Total	505,259	-	-	6,000,000	6,000,000
VI. THE AMERICAS					
Argentina	55,000	-	-	2,000,000	2,000,000
Bolivia	75,000	-	-	2,000,000	2,000,000
Brazil	206,300	-	-	2,000,000	2,000,000
British Guiana	53,000	-	-	2,000,000	2,000,000
British Honduras	23,000	-	-	2,000,000	2,000,000
Chile	-	-	-	2,000,000	2,000,000
Colombia	552,000	-	-	2,000,000	2,000,000
Costa Rica	93,000	-	-	2,000,000	2,000,000
Cuba	-	-	-	2,000,000	2,000,000
Dominican Republic	294,000	-	-	2,000,000	2,000,000
Ecuador	303,000	-	-	2,000,000	2,000,000
El Salvador	59,000	-	-	2,000,000	2,000,000
Guatemala	181,733	-	-	2,000,000	2,000,000
Haiti	49,000	-	-	2,000,000	2,000,000
Honduras	165,000	-	-	2,000,000	2,000,000
Jamaica	-	-	-	2,000,000	2,000,000
Mexico	2,200,000	-	-	2,000,000	2,000,000
Nicaragua	42,000	-	-	2,000,000	2,000,000
Panama	235,000	-	-	2,000,000	2,000,000
Paraguay	426,000	-	-	2,000,000	2,000,000
Peru	117,200	-	-	2,000,000	2,000,000
Surinam	-	-	-	2,000,000	2,000,000
Trinidad and Tobago	-	-	-	2,000,000	2,000,000
Uruguay	-	-	-	2,000,000	2,000,000
Venezuela	180,000	-	-	2,000,000	2,000,000
British Caribbean Territories:					
Antigua	-	-	-	2,000,000	2,000,000
Bartolomeo	19,000	-	-	2,000,000	2,000,000
Dominica	-	-	-	2,000,000	2,000,000
Grenada	-	-	-	2,000,000	2,000,000

Table 1 (continued)

	Action taken by Board				
	Allocations approved			Redistri- bution of global allocations b/	Savings of cancel- lations c/
	Long-range aid				
	New allocations	Transfers	Emer- gencies		
THE AMERICAS (continued)					
British Caribbean Territories: (continued)					
Montserrat	-	-	-	2,718	-
St. Kitts	-	-	-	2,948	-
St. Lucia	-	-	-	8,105	802
St. Vincent	-	-	-	4,631	-
Turks and Caicos Islands	-	-	-	550	-
Regional:					
FAO project personnel	38,400	-	-	-	-
Health services train- ing (West Indies and Caribbean)	38,000	-	-	60	-
Latin American Insti- tute for Economic Development and Training	80,000	-	-	1,356	-
Latin American Con- ference for Children and Youth in National Development	65,000	-	-	-	-
Nutrition manual	-	-	-	587	-
Nutrition seminars	-	-	-	-	1,102
Nutrition training: INCAP	-	-	-	431	-
Nutrition training: home economics (Santiago)	-	-	-	23	280
Nutrition training: Puerto Rico	-	-	-	11	-
Paediatric training	31,000	-	-	-	-
Social services train- ing (University of the West Indies, Jamaica)	36,000	-	-	-	-
Total	5,578,633	-	-	901,888	275,674

Table 1 (concluded)

	Action taken by Board				
	Allocations approved			Redistri- bution of global allocations	Savings at cancel- lations
	Long-range aid		Emer- gencies		
	<u>New</u> allocations	<u>Transfers</u>		<u>b/</u>	<u>c/</u>
VII. ASSISTANCE BENEFITING MORE THAN ONE REGION					
Advance training in ap- plied nutrition and food economics (France/Senegal)	93,000	-	-	240	-
Advance training in nu- trition and food science (London/Ibadan)	141,000	-	-	125	-
Asian Institute for Econo- mic Development and Planning	40,000	-	-	52	-
Development of protein- rich foods for children	100,000	-	-	-	-
International Children's Centre (Paris)	400,000	-	-	-	-
Paediatric training (UK)	15,000	-	-	-	-
Planning for children in national development (Geneva study)	53,000	-	-	-	-
Planning seminar (Lake Ccmo)	12,306	-	-	-	-
Training for planners (ICC/IEDES) (Paris)	44,000	-	-	-	-
Global allocations:					
Reimbursement to FAO, Project personnel and fellowships	-	-	-	(393,865)	149,126
International project personnel: contingency	-	-	-	(19,200)	-
Emergencies	-	-	49,997	-	-
Freight	3,100,000	-	-	(3,283,845)	-
Total	3,998,306	-	49,997	(3,696,493)	149,126

Table 2

Commitments approved by the Executive Board in June 1965
by country and by type of programme

(in US dollars)

	HEALTH SERVICES				DISEASE CONTROL				NUTRITION				FAMILY & CHILD WELFARE				VOCATIONAL TRAINING		GRAND TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
	Malaria eradication	Typhoid control	Trachoma control	Leucosay control	Other	Sub-total	Applied nutrition	Milk nutrition	High-protein food	Development	Sub-total	Welfare	Education	Training	Other	Total			
AFRICA																			
Algeria	125,000	-	-	78,000	-	-	67,600*	-	-	-	67,600	-	160,400	-	-	363,400			
Benin	40,000	-	-	-	-	-	-	-	-	-	-	-	65,000	-	-	107,000			
Burundi	1,486	-	-	-	-	-	75,000*	-	-	-	75,000	-	36,400	-	-	76,486			
Central African Republic	-	-	-	-	-	-	(2,900)	-	-	-	(2,900)	-	36,400	-	-	35,500			
Chad	-	-	-	-	-	-	(9,300)	-	-	-	(9,300)	-	-	-	-	(9,300)			
Congo (Brazzaville)	-	-	-	-	-	-	(4,100)	-	-	-	(4,100)	-	48,000	-	-	48,000			
Dahomey	81,395	-	-	-	-	-	(4,100)	197,000*	-	-	197,000	14,000	-	-	-	317,395			
Ethiopia	-	-	-	-	-	-	(15,000)	-	-	-	(15,000)	39,000	33,600	-	-	18,600			
Gabon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000			
Gambia	-	-	-	-	-	-	-	-	-	-	-	-	400,000*	-	-	400,000			
Ghana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	152,100			
Guinea	-	-	-	-	-	-	5,100	-	-	5,100	-	-	-	-	-	621,300			
Ivory Coast	147,000	-	-	-	-	-	250,000*	351,300*	-	601,300	27,000	-	-	-	-	53,300			
Kenya	20,000	-	-	-	-	-	(12,700)	-	-	(12,700)	-	-	(6,300)	-	-	(6,300)			
Liberia	39,000	-	-	-	-	-	-	-	-	-	-	(3,300)	81,000*	-	-	164,300			
Madagascar	-	-	-	-	-	-	-	-	-	-	-	-	318,300*	-	-	318,300			
Malawi	77,000*	-	-	-	-	-	-	-	-	-	-	-	311,000*	-	-	288,000			
Mali	145,000*	-	-	-	-	-	(27,300)	-	-	(27,300)	-	-	-	-	-	1,423			
Mauritania	1,183	-	-	-	-	-	-	-	-	-	-	-	-	-	-	154,700			
Mauritius	1,486	-	-	-	-	-	-	-	-	-	-	-	-	-	-	163,300			
Morocco	258,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	284,283			
Niger	172,000*	-	-	-	-	-	(5,500)	-	-	(5,500)	40,000	9,500	-	-	-	303,600			
Nigeria	-	-	-	-	-	-	12,100	-	-	12,100	(6,000)	26,500	-	-	-	165,500			
Rwanda	1,486	-	-	-	-	-	(4,400)	93,000	-	88,600	(13,400)	-	-	-	-	32,600			
Senegal	-	-	-	-	-	-	-	-	-	-	-	-	19,200	-	-	84,795			
Sierra Leone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89,000			
Somalia	65,595	-	-	-	-	-	88,000*	-	-	88,000	-	-	-	-	-	173,595			
Southern Rhodesia	-	-	-	-	-	-	(13,500)	-	-	(13,500)	-	-	-	-	-	3,500			
Swaziland	17,000	-	-	-	-	-	(8,700)	-	-	(8,700)	-	-	55,000*	-	-	125,021			
Tanzania (United Republic of)	75,000	-	-	-	-	75,000	-	-	-	-	38,000	-	-	-	-	226,670			
Togo	188,670*	-	-	-	-	-	-	-	-	-	113,000	3,200	-	-	-	244,218			
Tunisia	93,218	-	-	-	-	-	-	62,000	-	62,000	-	-	-	-	-	62,000			
Uganda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	249,553			
Upper Volta	29,553	-	-	-	-	-	26,900	-	-	26,900	-	-	220,000	-	-	115,900			
Zambia	89,000*	-	-	-	-	-	-	-	-	-	25,900	-	-	-	-	115,900			
Regional:																			
FAO Project Personnel	-	-	-	-	-	-	59,400	-	-	59,400	-	-	-	-	-	59,400			
Area total	1,648,793	75,000	78,000	153,000	153,000	1,648,793	479,800	703,300	1,163,100	248,300	2,221,900	28,800	2,221,900	28,800	-	5,483,893			

Table 2 (continued)

HEALTH SERVICES	DISEASE CONTROL					NUTRITION			FAMILY & CHILD WELFARE d/			VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL		
	Malaria eradication		Typhoid control		Other g/	Applied nutrition conservation	Milk	High-protein food development	Sub-total	Sub-total	Sub-total					
	(1)	(2)	(3)	(4)											(5)	(6)
II EAST ASIA & PAKISTAN																
Burma	252,789	-	113,000*	-	-	143,000	-	-	-	-	-	-	-	-	-	395,789
Cambodia	62,254	-	16,000	-	-	16,000	-	-	-	-	-	-	-	-	-	357,254
China	120,446	-	112,000*	64,500	-	176,500	-	-	-	-	-	-	-	-	-	304,946
Hong Kong	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,000
Indonesia	53,815 ^{a/}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53,818
Laos	578	-	-	-	-	-	-	-	-	-	-	-	-	-	-	578
Malaysia	28,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28,000
Pakistan	123,920	-	237,000	-	-	239,000	-	-	-	-	-	-	-	-	-	416,920
Philippines	335,000	-	24,000	-	-	24,000	-	-	-	-	-	-	-	-	-	405,000
Republic of Korea	125,000	-	76,000	-	-	18,000	-	-	-	-	-	-	-	-	-	219,000
Republic of Vietnam	217,216	-	77,000	-	-	79,000	-	-	-	-	-	-	-	-	-	313,216
Thailand	686,641 ^{b/}	-	164,000*	-	-	186,000*	-	-	-	-	-	-	-	-	-	1,047,641
Regional Territories:	-	-	-	-	-	350,000	17,000	-	-	-	-	-	-	-	-	-
Pacific Islands Territories	110,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110,000
Area total	2,100,662	-	823,000	64,500	228,000	1,121,500	32,000	-	-	32,000	141,000	248,000	-	-	-	3,651,162
III SOUTH CENTRAL ASIA																
Afghanistan	156,458	268,000	-	-	-	268,000	-	-	-	-	-	-	-	-	-	579,958
Ceylon	86,000*	-	15,000	-	-	15,000	107,000	-	-	-	-	-	-	-	-	223,000
India	1,625,000	-	745,000	173,000	47,000	933,000	-	-	-	-	107,000	15,500	-	-	-	4,800,000
Kosovo	104,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	104,000
Nepal	103,100	-	-	-	-	-	-	-	-	-	-	106,000	-	-	-	211,000
Area total	2,074,458	268,000	760,000	193,000	47,000	1,276,000	107,000	-	-	107,000	15,000	2,445,500	-	-	-	5,917,958
IV EASTERN MEDITERRANEAN																
Algeria	18,104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18,104
Cyprus	1,857	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,857
Iran	743,000*	930,000	-	-	-	930,000	-	-	-	-	-	-	-	-	-	1,673,000
Iraq	-	105,000	-	-	-	105,000	-	-	-	-	-	-	-	-	-	105,000
Israel	-	-	-	-	-	-	117	-	-	-	-	-	-	-	-	117
Jordan	176,833*	-	29,000	-	-	27,000	-	-	-	-	77,000*	-	-	-	-	282,833
Lebanon	-	-	-	-	-	-	-	-	-	-	76,000*	-	-	-	-	76,000
Lithuania	23,762	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,762
Sudan	14,834	-	-	-	-	-	20,000	-	-	-	-	-	-	-	-	34,834
Turkey	585	-	-	-	-	-	-	-	-	-	-	-	-	-	-	585
Turkmenistan	136,000	237,000	-	-	-	237,000	-	-	-	-	10,000	-	-	-	-	385,000
United Arab Republic	154,000	-	-	-	-	-	65,000	-	-	65,000	25,000	96,000*	-	-	-	300,000
Yemen	77,137	-	-	-	-	-	-	-	-	-	76,000	-	-	-	-	153,137
Area total	1,303,364	1,372,000	293,000	-	-	117	1,311,117	37,000	-	91,000	190,000	166,000	-	-	-	3,173,501

Table 2 (continued)

HEALTH SERVICES	DISEASE CONTROL				NUTRITION			FAMILY & CHILD WELFARE d/				VOCATIONAL TRAINING	OTHER	GRAND TOTAL	
	Malaria eradication (1)	Typhoid control (2)	Trachoma control (3)	Diphtheria control (4)	Leishmaniasis control (5)	Other (6)	Sub-total (7)	Applied nutrition (8)	Milk conservation (9)	Food development (10)	Sub-total (11)				Welfare (12)
V EUROPE															
Finland	-	-	835	-	-	-	835	115,000	1,424	-	1,424	-	-	-	2,259
Spain	-	-	-	-	-	-	-	115,000	-	115,000	-	-	-	-	115,000
Yugoslavia	40,000	-	-	-	-	-	-	-	-	-	-	14,000	35,000	-	69,000
Area total	40,000	-	835	-	-	-	835	115,000	1,424	116,424	-	14,000	35,000	-	206,259
VI THE AMERICAS															
Argentina	38,000	4,000	-	-	-	-	4,000	-	-	-	-	-	-	-	42,000
Bolivia	-	4,000	-	-	-	-	4,000	-	-	-	-	-	-	-	75,000
Brazil	-	-	-	-	-	-	-	28,800	-	28,800	-	-	-	-	28,800
British Guiana	-	-	-	-	-	-	3,000	-	-	-	-	-	-	-	53,000
British Honduras	23,000	-	-	-	-	-	-	-	-	-	-	-	-	-	23,000
Colombia	138,000	-	-	-	-	-	-	-	-	-	-	-	-	-	794,000
Costa Rica	-	349,000	-	-	-	-	349,000	-	-	27,000	16,000	307,000*	-	-	93,000
Cuba	-	50,000	-	-	-	-	50,000	-	-	-	-	-	-	-	254,000
Dominican Republic	40,000*	254,000	-	-	-	-	254,000	-	-	32,000	-	272,000*	-	-	536,000
Ecuador	-	192,000	-	-	-	-	192,000	-	-	-	-	-	-	-	59,000
El Salvador	-	59,000	-	-	-	-	59,000	-	-	-	-	-	-	-	181,733
Guatemala	-	181,000	733	-	-	-	181,733	-	-	-	-	-	-	-	-
Haiti	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	-	137,000	-	-	-	-	137,000	-	-	-	26,000	-	-	-	165,000
Mexico	-	2,000,000	-	-	-	-	2,000,000	-	-	-	-	-	-	-	2,000,000
Nicaragua	42,000	-	-	-	-	-	-	-	-	-	-	-	-	-	42,000
Panama	89,000	111,000	-	-	-	-	111,000	35,000	-	35,000	-	-	-	-	235,000
Paraguay	97,000	265,000	-	-	-	-	265,000	59,000*	-	59,000	-	23,000	-	-	444,000
Peru	34,000	-	-	-	-	-	-	19,200	-	19,200	-	-	-	-	53,200
Venezuela	385,000*	-	-	-	-	-	-	-	-	-	-	-	-	-	385,000
British Caribbean Territories:															
Barbados	3,000	-	-	-	-	-	-	-	-	-	12,000	-	-	-	15,000
Regional:															
FAO project personnel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health services training	-	-	-	-	-	-	-	-	-	38,400	-	-	-	-	38,400
(West Indies & Caribbean)	38,000	-	-	-	-	-	-	-	-	-	-	-	-	-	38,000
Latin American Institute for Economic and Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	80,000	80,000
Latin American Conference for Children and Youth in National Development	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65,000
Paediatric training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Social services training (University of West Indies, Jamaica)	-	-	-	-	-	-	-	-	-	-	59,000*	-	-	-	59,000
Area total	927,000	3,609,000	733	-	-	-	3,609,733	239,400	-	239,400	115,000	723,000	-	-	115,000 5,759,133

Table 2 (concluded)

HEALTH b/ SERVICES	DISEASE CONTROL				NUTRITION			FAMILY & CHILD WELFARE d/	EDUCATION	VOCATIONAL TRAINING	OTHER e/	GRAND TOTAL			
	Malaria medication (1)	TB/BCG control (2)	Trachoma control (3)	Leprosy control (4)	Applied nutrition (5)	Milk conservation (6)	High-protein food development (7)						Sub-total (8)		
VII ASSISTANCE BENEFITING MORE THAN ONE REGION															
Asian Institute for Economic Development and Planning	-	-	-	-	-	-	-	-	-	-	-	40,000			
International Children's Centre (Paris)	-	-	-	-	-	-	-	-	-	-	-	2,350,000*			
Paediatric training (UK) Planning for children in national development (Geneva study)	159,000*	-	-	-	-	-	-	-	-	-	-	159,000			
Planning seminar (Lake Como)	-	-	-	-	-	-	-	-	-	-	-	53,000			
Training for planners (ICCF/UNICEF) (Paris)	-	-	-	-	-	-	-	-	-	-	-	12,306			
Interregional total	159,000	-	-	-	-	-	-	-	-	-	-	44,000			
TOTAL LONG-RANGE AID	8,301,297	5,300,000	1,619,568	301,500	277,000	117	7,542,185	1,065,200	700,720	1,770,720	709,300	5,818,600	63,800	2,500,306	26,950,212
VIII EMERGENCY AID															
TOTAL															345,073
IX FRIEDT															27,195,285
GRAND TOTAL FOR PROGRAMME AID															2,000,000
															29,195,285
															4,689,800
															2,520,200
															36,811,285

Operational services for 1966
Administrative costs for 1966

a/ Allocations equal to the amount of the commitment were approved in all cases except where the commitment amount is marked with an asterisk (*). In these cases allocations were approved for part of the commitment, the balance remaining for future allocations (see table 2).
b/ Includes environmental sanitation, \$770,095; handicapped children, \$7,500; vaccine production, \$30,000; and immunization, \$1,000.
c/ Malaria control.
d/ Includes social services, \$13,730; mothercraft and homecraft, \$124,500; community development, \$-5,270; and urban projects, \$46,000.
e/ Includes activities for children and youth in national development that require separate funding, \$-34,506 and International Children's Centre, Paris \$-1,360,000.
f/ For dried whole milk delivered in 1964 (see E/ICR/2/L.615).

Table 2

Allocations approved by the Executive Board in June 1955
by country and type of programme

(in US dollars)

	HEALTH SERVICES			DISEASE CONTROL			NUTRITION			FAMILY & CHILD WELFARE			EDUCATION	VOCATIONAL TRAINING	OTHER	GRAND TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)				
AFRICA																
Algeria	125,000	-	-	78,000	-	-	-	26,600	-	-	-	-	160,400	-	-	363,400
Benin	40,000	-	-	-	-	-	-	35,000	-	-	-	-	65,000	-	-	65,000
Bechuanaland	1,466	-	-	-	-	-	-	(2,900)	-	-	-	-	38,400	-	-	36,466
Burundi	-	-	-	25,000	-	-	-	(9,300)	-	-	-	-	-	-	-	60,500
Central African Republic	-	-	-	12,000	-	-	-	(4,400)	-	-	-	-	86,000	-	-	14,700
Chad	-	-	-	-	-	-	-	100,000	-	-	-	-	114,000	-	-	9,600
Dahomey	81,395	-	-	14,500	-	-	-	(15,000)	-	-	-	-	39,000	-	-	334,395
Ethiopia	-	-	-	-	-	-	-	35,000	-	-	-	-	100,000	-	-	50,000
Gambia	50,000	-	-	-	-	-	-	5,100	-	-	-	-	120,000	-	-	135,000
Ghana	-	-	-	-	-	-	-	113,000	-	-	-	-	120,000	-	-	120,000
Guinea	-	-	-	-	-	-	-	(12,700)	-	-	-	-	120,000	-	-	152,100
Ivory Coast	147,000	-	-	-	-	-	-	5,100	-	-	-	-	-	-	-	244,300
Kenya	20,000	-	-	-	-	-	-	224,300	-	-	-	-	27,000	-	-	53,300
Liberia	39,000	-	-	-	-	-	-	-	-	-	-	-	(3,300)	-	-	(6,300)
Madagascar	-	-	-	-	-	-	-	-	-	-	-	-	50,000	-	-	86,700
Mali	40,000	-	-	-	-	-	-	-	-	-	-	-	132,300	-	-	254,300
Mauritania	52,000	-	-	-	-	-	-	-	-	-	-	-	155,000	-	-	152,283
Mauritius	34,183	-	-	-	-	-	-	(27,900)	-	-	-	-	9,600	-	-	1,466
Morocco	1,406	-	-	-	-	-	-	-	-	-	-	-	9,600	-	-	303,600
Niger	254,000	-	-	-	-	-	-	(5,500)	-	-	-	-	278,500	-	-	62,500
Nigeria	60,000	-	-	72,500	-	-	-	12,100	-	-	-	-	(6,000)	-	-	357,100
Rwanda	-	-	-	-	-	-	-	-	-	-	-	-	65,000	-	-	65,000
Senegal	1,466	-	-	-	-	-	-	(4,400)	-	-	-	-	109,000	-	-	88,500
Sierra Leone	-	-	-	-	-	-	-	93,000	-	-	-	-	109,000	-	-	95,600
Somalia	65,595	-	-	-	-	-	-	-	-	-	-	-	104,230	-	-	159,795
South Africa	-	-	-	-	-	-	-	-	-	-	-	-	50,000	-	-	50,000
Swaziland	17,000	-	-	-	-	-	-	50,000	-	-	-	-	(13,500)	-	-	3,500
Tanzania (United Republic of)	3,721	75,000	-	-	-	-	-	(13,500)	-	-	-	-	24,200	-	-	94,021
Togo	67,670	-	-	75,000	-	-	-	(8,700)	-	-	-	-	38,000	-	-	105,670
Tunisia	99,218	-	-	-	-	-	-	-	-	-	-	-	113,000	111,800	-	357,218
Uganda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62,000
Upper Volta	120,553	-	-	-	-	-	-	62,000	-	-	-	-	130,000	-	-	390,553
Zambia	60,600	-	-	-	-	-	-	26,900	-	-	-	-	-	-	-	85,900
Regional: FAO Project personnel	-	-	-	-	-	-	-	59,400	-	-	-	-	-	-	-	59,400
Area total	1,338,723	75,000	-	301,000	148,000	-	365,300	258,800	365,300	625,100	248,300	1,632,700	141,600	-	-	4,547,893

Table 3 (continued)

COUNTRY	DISEASE CONTROL				NUTRITION			FAMILY & CHILD WELFARE			EDUCATION	TRAINING	OTHER	TOTAL	
	Malaria eradication (1)	TB/BCG control (2)	Trachoma control (3)	Leprosy control (4)	Other (5)	Sub-total (6)	Applied nutrition (7)	Milk consumption (8)	High-protein food development (9)	Sub-total (10)					(11)
II EAST ASIA & PACIFIC/AN															
Burma	252,789	-	81,000	-	88,000	-	169,000	-	-	-	-	-	-	-	421,789
Cambodia	62,254	-	16,000	-	-	-	16,000	-	-	-	-	-	-	-	170,254
China	128,446	-	52,000	137,000	-	-	189,000	-	-	-	-	-	-	-	443,446
Hong Kong	-	-	-	-	-	-	-	-	-	-	-	-	9,000	-	9,000
Indonesia	53,818	-	-	-	-	-	-	-	-	-	-	-	-	-	53,818
Laos	578	-	-	-	-	-	-	-	-	-	-	-	-	-	578
Malaysia	28,000	35,000	-	-	-	-	35,000	-	-	-	-	-	-	-	63,000
Pakistan	123,920	-	-	-	-	-	239,000	-	-	-	-	-	-	-	426,920
Philippines	316,000	-	239,000	-	-	-	24,000	15,000	-	15,000	-	-	-	-	405,000
Republic of Korea	175,000	-	76,000	-	18,000	-	84,000	-	-	-	-	-	-	-	239,000
Republic of Viet-Nam	217,216	-	79,000	-	-	-	79,000	-	-	-	-	-	-	-	359,216
Thailand	293,041	-	56,000	-	45,000	-	101,000	17,000	-	17,000	-	-	-	-	359,041
Regional:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islands territories	100,000	-	-	-	-	-	-	-	-	-	-	-	-	-	100,000
Area total	3,723,662	35,000	599,000	137,000	175,000	-	946,000	32,000	-	32,000	123,000	123,000	467,000	-	3,289,662
III SOUTH-CENTRAL ASIA															
Afghanistan	156,458	268,000	-	-	-	-	268,000	-	-	-	-	-	-	-	617,458
Ceylon	-	15,000	-	-	-	-	15,000	107,000	-	107,000	-	-	-	-	137,000
India	1,625,000	-	845,000	199,000	112,000	-	1,186,000	870,000	-	870,000	-	-	-	-	4,711,000
Mongolia	104,000	-	-	-	-	-	-	-	-	-	-	-	-	-	104,000
Nepal	103,000	-	-	-	-	-	-	-	-	-	-	-	-	-	103,000
Area total	1,988,458	268,000	860,000	199,000	112,000	-	1,469,000	985,000	-	985,000	15,000	1,101,000	222,000	-	5,780,458
IV EASTERN MEDITERRANEAN															
Aden	18,104	-	-	-	-	-	-	-	-	-	-	-	-	-	18,104
Cyprus	1,057	-	-	-	-	-	-	-	-	-	-	-	-	-	1,057
Iran	245,000	930,000	-	-	-	-	930,000	-	-	-	-	-	-	-	1,175,000
Iraq	-	185,000	-	-	-	-	185,000	-	-	-	-	-	-	-	185,000
Israel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	87,893	-	23,000	-	-	-	23,000	-	-	-	-	-	-	-	110,893
Lebanon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Libya	23,782	-	-	-	-	-	-	-	-	-	-	-	-	-	23,782
Sudan	14,834	-	-	-	-	-	-	-	-	-	-	-	-	-	14,834
Syria	405	-	-	-	-	-	-	28,000	-	28,000	-	-	-	-	28,405
Turkey	138,000	237,000	17,000	13,000	-	-	297,000	28,000	-	28,000	-	-	-	-	405,000
United Arab Republic	154,000	-	-	-	-	-	76,000	66,000	-	66,000	-	-	-	-	286,000
Yemen	72,322	-	-	-	-	-	-	-	-	-	-	-	-	-	72,322
Area total	776,344	1,362,000	76,000	13,000	-	76,117	1,517,117	93,000	-	93,000	98,000	233,000	-	-	2,717,464

Table 3 (continued)

	HEALTH SERVICES			DISEASE CONTROL			MUTUAL AID			FAMILY & CHILD WELFARE			VOCATIONAL TRAINING			GRAND TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	Malaria eradication	Typhoid control	Trachoma control	Leprosy control	Other	Sub-total	Applied nutrition	Milk conservation	High-protein food development	Sub-total	Welfare of	Education	Training	Other		
V BRUCE																
Poland	-	-	835	-	-	835	115,000	174,424	-	174,424	-	-	-	-	175,259	
Spain	40,000	-	-	-	-	-	-	126,000	-	241,000	-	-	-	-	241,000	
Yugoslavia	-	-	-	-	-	-	-	-	-	-	34,000	35,000	-	-	69,000	
Area total	40,000	-	835	-	-	835	115,000	300,424	-	445,424	-	14,000	35,000	-	505,259	
VI THE AMERICAS																
Argentina	51,000	4,000	-	-	-	4,000	-	-	-	-	-	-	-	-	55,000	
Bolivia	-	4,000	-	-	-	4,000	-	-	-	-	-	-	-	-	75,000	
Brazil	78,500	-	-	-	-	-	26,800	-	-	28,800	-	-	-	-	206,300	
British Guiana	-	3,000	-	-	-	3,000	-	-	-	-	-	-	-	-	53,000	
British Honduras	23,000	-	-	-	-	-	-	-	-	-	-	-	-	-	23,000	
Colombia	138,000	349,000	-	-	-	349,000	27,000	-	-	27,000	16,000	-	-	-	558,000	
Costa Rica	-	50,000	-	-	-	50,000	-	-	-	-	-	-	-	-	93,000	
Dominican Republic	-	254,000	-	-	-	254,000	-	-	-	-	-	-	-	-	254,000	
Ecuador	15,000	192,000	-	-	-	192,000	17,000	-	-	17,000	-	-	-	-	303,000	
El Salvador	-	59,000	-	-	-	59,000	-	-	-	-	-	-	-	-	59,000	
Guatemala	-	181,733	733	-	-	181,733	-	-	-	-	-	-	-	-	181,733	
Haiti	-	49,000	-	-	-	49,000	-	-	-	-	-	-	-	-	49,000	
Honduras	-	137,000	-	-	-	137,000	-	-	-	-	28,000	-	-	-	165,000	
Mexico	-	2,000,000	-	-	-	2,000,000	-	-	-	-	-	-	-	-	2,000,000	
Nicaragua	42,000	-	-	-	-	-	-	-	-	-	-	-	-	-	42,000	
Panama	89,000	111,000	-	-	-	111,000	35,000	-	-	35,000	-	-	-	-	235,000	
Paraguay	97,000	265,000	-	-	-	265,000	41,000	-	-	41,000	-	-	-	-	426,000	
Peru	98,000	-	-	-	-	-	19,200	-	-	19,200	-	-	-	-	117,200	
Venezuela	180,000	-	-	-	-	-	-	-	-	-	-	-	-	-	180,000	
British Caribbean Territories:																
Barbados	-	-	-	-	-	-	-	-	-	-	12,000	-	-	-	15,000	
Regional:	3,000	-	-	-	-	-	-	-	-	-	-	-	-	-	3,000	
FAC project personnel	-	-	-	-	-	-	38,400	-	-	38,400	-	-	-	-	38,400	
Health services training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(West Indies & Caribbean)	38,000	-	-	-	-	-	-	-	-	-	-	-	-	-	38,000	
Latin American Institute for	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Economic & Social Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Latin American Conference	-	-	-	-	-	-	-	-	-	-	-	-	-	80,000	80,000	
for Children and Youth in	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
National Development	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paediatric training	31,000	-	-	-	-	-	-	-	-	-	-	-	-	-	65,000	
Social services training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(University of West	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Indies, Jamaica)	-	-	-	-	-	-	-	-	-	-	36,000	-	-	-	36,000	
Area total	883,500	3,658,000	733	-	-	3,658,733	206,400	-	-	206,400	92,000	373,000	115,000	-	5,137,863	

Table 3 (concluded)

HEALTH & SERVICES	DISEASE CONTROL			NUTRITION			FAMILY & CHILD WELFARE & EDUCATION			VOCA-TIONAL TRAINING	OTHER	GRAND TOTAL				
	Malaria eradication		TB/HDG control	Applied nutrition		Milk conservation	Sub-total		Food development				Sub-total			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)				(10)	(11)	(12)	(13)
VII ASSISTANCE BENEFITING MORE THAN ONE REGION																
Advance training in applied nutrition and food economics (France/Senegal)	-	-	-	-	-	-	93,000	-	-	93,000	-	-	-	-	93,000	
Advance training in nutrition and food science (London/Isadan)	-	-	-	-	-	-	111,000	-	-	111,000	-	-	-	-	111,000	
Asian Institute for Economic Development and Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000	40,000	
Development of protein-rich food for children	-	-	-	-	-	-	-	-	-	100,000	-	-	-	-	100,000	
International Children's Centre (Paris)	-	-	-	-	-	-	-	-	-	-	-	-	-	400,000	400,000	
Paediatric training (UK)	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000	
Planning for children in national development (Geneva study)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Planning seminar (Lake Como)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53,000	
Training for planners (ICC/FEDES)(Paris)	-	-	-	-	-	-	-	-	-	-	-	-	-	12,306	12,306	
Interregional total	15,000	-	-	-	-	-	234,000	-	-	100,000	334,000	-	-	549,306	898,306	
TOTAL LONG-RANGE AID	6,823,727	5,388,000	1,536,568	427,000	465,000	76,117	7,892,685	1,924,200	666,724	100,000	2,690,924	576,300	4,040,900	398,800	694,306	23,117,712
VIII EMERGENCY AID																345,073
TOTAL																23,462,785
IX FUELWILT																3,100,000
GRAND TOTAL F.R. PROGRAMME AID																26,562,785
																2,368,950
																1,118,460
																2,344,400
																3,273,100
																33,779,345

Estimated operational services } least six months of 1965
 Estimated administrative costs }
 Estimated operational services } first six months of 1966
 Estimated administrative costs }

1/ See also comments approved June 1965.
 2/ Includes environmental sanitation, \$965,095; bacillospiced children, \$27,500; vaccine production, \$50,000; and immunization, \$1,000.
 3/ Includes bilharziasis control, \$16,000; and mycosis control, \$117.
 4/ Includes social services, \$923,750; mothercraft and homecraft, \$106,500; community development, \$25,270; and urban projects, \$46,000.
 5/ Includes activities for children and youth in national development which require separate funding, \$59,306; and International Children's Centre, Paris, \$400,000.
 6/ For dried milk delivered in 1964 (see 8/IC/12/1.615).

Table 4
Commitments outstanding at close of June 1965 session of the Executive Board
for allocation at future sessions
(in thousands of US dollars)

	<u>Total commitment</u> <u>Date</u>	<u>Total</u> <u>allocated</u> <u>prior to</u> <u>June 1965</u> <u>session</u>	<u>Allocated</u> <u>at</u> <u>June 1965</u> <u>session</u>	<u>Resulting</u> <u>balance at</u> <u>close of</u> <u>June 1965</u> <u>session</u>	<u>Probable future allocations</u> <u>against outstanding balance</u>
	<u>Date</u>				<u>1966</u> <u>1967</u> <u>1968</u> <u>1969</u>
HEALTH SERVICES					
Brazil	Jan. 1964	1,066.5	-	563.0	325.0 238.0
Brazil	June 1962	115.0	23.0	13.0	13.0
Brazil	June 1964	3,444.0	-	1,494.0	797.0 697.0
Brazil	June 1964	21.0	6.5	6.5	6.5
Ceylon	June 1965	86.0	-	86.0	86.0
Chile					
	Jan. 1964	710.0	-	310.0	310.0
Ecuador	June 1965	72.0	32.0	40.0	40.0
Greece	June 1964	92.0	-	28.0	28.0
Iran	June 1965	743.0	265.0	478.0	478.0
Iran	Jan. 1964	208.0	-	95.0	95.0
Jordan	June 1965	175.0	86.0	89.0	89.0
Lebanon	June 1964	100.0	-	67.0	32.0
Malaysia	Dec. 1962	78.5	-	19.0	19.0
Malaysia	Jan. 1964	250.0	-	164.0 ^{a/}	59.6
Malaysia	June 1964	68.0	-	41.0	18.0
Malawi	June 1965	77.0	40.0	37.0	37.0
Mali	June 1965	145.0	62.0	83.0	83.0
Mauritania	June 1964	184.0	33.0	96.0	96.0
Niger	June 1965	172.0	68.0	104.0	104.0
Nigeria	Dec. 1962	367.0	-	208.0	108.0
Nigeria	June 1963	213.0	-	122.0	61.0
Rwanda	June 1964	107.0	-	53.0	53.0
Thailand	June 1965	650.0	263.0	387.0	203.0
Togo	June 1965	188.0	67.0	121.0	68.0
Venezuela	June 1965	385.0	180.0	205.0	205.0
Zambia	June 1965	89.0	60.0	29.0	29.0
Africa Region	June 1964	311.0	-	277.0	107.0
Americas Region	June 1964	83.0	31.0	31.0	31.0
Interregional	June 1965	159.0	15.0	144.0	49.0
Interregional	June 1961-				
Centre (Paris)	June 1965	4,300.0	400.0	2,350.0	425.0 450.0 475.0 500.0 ^{c/}

Table 4 (continued)

	Total allocated prior to June 1965		Allocated at June 1965 session		Resulting balance at close of June 1965 session		Probable future allocations against outstanding balance			
	Date	Amount	June 1965 session	June 1965 session	June 1965 session	June 1965 session	1966	1967	1968	1969
DISEASE CONTROL										
Burma	June 1964	419.0	123.0	88.0	208.0	100.0	108.0			
Burma	June 1965	97.0	-	35.0	62.0	30.0	32.0			
China (Taiwan)	June 1965	112.0	-	52.0	60.0	60.0				
China (Taiwan)	June 1962	1,850.0	1,693.0	137.0	20.0	20.0				
China	June 1964	30.0	8.0	-	22.0	22.0				
Madagascar	June 1964	48.0	26.0	-	22.0	22.0				
Malaysia	June 1964	96.0	36.0	18.0	39.0 d/	20.0	18.0			
Nigeria	June 1964	141.0	35.5	72.5	33.0	33.0				
Philippines	June 1964	95.0	30.0	-	65.0	46.0	19.0			
Thailand	June 1965	164.0	-	56.0	108.0	54.0	54.0			
Thailand	June 1965	186.0	-	45.0	141.0	69.0	72.0			
Uganda	June 1964	27.0	16.0	-	11.0	11.0				
NUTRITION										
Basutoland	June 1965	82.0	-	41.0	41.0	41.0				
Brazil	June 1962	91.4	63.0	-	28.4	28.4				
Burundi	June 1965	75.0	-	35.0	40.0	40.0				
Dahomey	June 1963	148.0	97.0	-	51.0	51.0				
East Africa	June 1964	169.0	39.0	-	130.0	43.0	44.0			
Ethiopia	June 1965	197.0	-	100.0	97.0	97.0				
Ghana	June 1964	148.0	29.0	35.0	84.0	31.0	27.0	26.0		
India	Dec. 1961-									
India	June 1964	7,679.0	4,478.0	878.0	2,323.0	1,223.0	1,100.0			
Kenya	Jan. 1964	731.0	175.0 e/	-	556.0	-	556.0			
Kenya	June 1965	360.0	-	120.0	240.0	120.0	120.0			
Madagascar	June 1965	250.0	-	113.0	137.0	75.0	62.0			
Nigeria	June 1964	164.0	45.0	-	119.0	59.0	60.0			
Nigeria	June 1963	169.0	92.5	-	76.5	76.5				
Paraguay	June 1963	100.0	25.0	-	75.0	38.0	37.0			
Poland	June 1965	59.0	-	41.0	18.0	18.0				
Southern Rhodesia	June 1964	600.0	208.0	173.0	219.0	117.0	102.0			
Spain	June 1965	88.0	-	50.0	38.0	38.0				
Americas Region	Jan. 1964	402.0	173.0	126.0	103.0	103.0				
Interregional	Jan. 1964	281.0	156.0	-	125.0	125.0				
Interregional	Dec. 1962	613.2	404.0	141.0	68.2	68.2				
Interregional	June 1964	283.0	104.0	93.0	86.0	86.0				

Table 4 (continued)

		Total commitment Date	Amount	Total allocated prior to June 1965 session	Allocated at June 1965 session	Resulting balance at close of June 1965 session	Probable future allocations against outstanding balance		
							1966	1967	
							1968	1969	
FAMILY AND CHILD WELFARE									
Cambodia	Mothercraft and homecraft	June 1965	31.0	-	13.0	18.0	9.0	9.0	
Colombia	Social services	June 1964	131.0	83.0	-	48.0	48.0		
East Africa									
	Social services/community development	June 1962	160.5	107.0	-	53.5	53.5		
Ghana	Social services	Dec. 1962	182.3	100.0	-	82.3	82.3		
Hong Kong	Social services	June 1962	95.0	90.2	-	4.8	4.8		
Jordan	Social services	June 1965	77.0	-	28.0	49.0	29.0	20.0	
Lebanon	Social services	June 1965	78.0	-	35.0	43.0	26.0	17.0	
Tanzania (United Republic of)	Mothercraft-homecraft/community development	June 1963	344.0	218.0	-	126.0	126.0		
Zambia	Social welfare/community development	June 1962	212.3	169.0	-	43.3	43.3		
Americas Region									
	Social services (U. of West Indies- Jamaica)	June 1965	59.0	-	36.0	23.0	23.0		
EDUCATION									
Brazil	Education	Dec. 1962	657.0	549.0	99.0	9.0	9.0		
Brazil	Education (Brasilia)	Jan. 1964	392.6	208.6	-	184.0	184.0		
Burma	Education	June 1963	510.0	328.0	-	182.0	157.0	25.0	
Cambodia	Primary education: teacher training	June 1965	248.0	-	79.0	169.0	91.0	78.0	
China (Taiwan)	Education	June 1963	500.0	115.0	116.0	269.0	95.0	79.0	
Colombia									
	Primary education: teacher training	June 1963- June 1965	494.0	53.0	71.0	370.0	306.0	64.0	
Congo (Brazzaville)	Education	June 1964	250.0	44.0	38.0	169.0	85.0	83.0	
Cyprus	Manual arts	June 1964	156.0	52.0	-	104.0	53.0	51.0	
Ecuador	Primary teacher training	June 1965	272.0	-	79.0	193.0	95.0	98.0	
Ethiopia	Primary teacher training	June 1964	562.0	242.0	114.0	206.0	206.0		
Ghana	Education/science teaching	June 1964	358.0	140.0	100.0	118.0	118.0		
Guinea	Education	June 1965	400.0	-	120.0	280.0	130.0	150.0	
India	Education (General science)	June 1965	2,182.0	-	800.0	1,382.0	1,382.0		
Iran	Primary teacher training	Dec. 1962	449.0	224.0	-	225.0	112.0	113.0	
Madagascar	Education & rural development	June 1963	391.0	215.0	-	176.0	88.0	88.0	
Malawi	Primary education	June 1965	81.0	-	50.0	31.0	31.0		
Mali	Education	June 1965	312.0	-	186.0	126.0	126.0		
Mauritania	Education	June 1965	311.0	-	156.0	155.0	155.0		
Nigeria	Education (Northern Region)	June 1964	2,420.0	340.0	252.0	1,828.0	518.0	570.0	740.0
Pakistan	Education	June 1964	344.0	147.0	-	197.0	197.0		
Rwanda	Education	June 1965	115.0	-	65.0	50.0	50.0		

Table 4 (concluded)

	Total commitment Date	Amount	Total allocated prior to June 1965 session	Allocated at June 1965 session	Resulting balance at close of June 1965 session	Probable future allocations against outstanding balance		
						1966	1967	1968
EDUCATION (cont.)								
Sierra Leone	June 1965	324.0	-	109.0	215.0	117.0	98.0	
Somalia	June 1964	320.0	124.0	85.0	111.0	111.0		
Tanzania (United Republic of)	June 1965	55.0	-	24.0	31.0	31.0		
Thailand	Dec. 1962	1,269.3	655.0	235.0	379.3	250.0	129.8	
Tunisia	Dec. 1962	633.5	125.0	-	508.5	150.0	358.5	
United Arab Republic	June 1965	96.0	-	36.0	60.0	-	20.0	20.0
Upper Volta	June 1965	220.0	-	130.0	90.0	90.0		
Freight		6,117.5 ^{b/}	-	3,100.0	3,017.5	2,444.0	482.9	86.2
TOTAL PROGRAMME COMMITMENTS		52,423.6	17,619.3	10,237.0	10,237.0	14,844.5	6,968.7	1,638.2
Estimated operational services	June 1964- June 1965	9,467.7	2,388.9	4,733.9	4,733.9	2,344.9		
Estimated administrative costs	June 1964- June 1965	4,322.5	1,143.7	2,411.7	2,411.7	1,263.1		
GRAND TOTAL OF OUTSTANDING COMMITMENTS		66,714.8	21,156.9	17,392.6	28,118.8	18,452.5	6,968.7	1,638.2

^{a/} Excludes the balance of the commitment (\$23,000) which will not be required during the period for which the original commitment was taken.

^{b/} Excludes the balance of the commitment (\$27,500) which will not be required during the period for which the original commitment was taken.

^{c/} Excludes the balance of the commitment (\$500,000) expected to be allocated in 1970.

^{d/} Excludes the balance of the commitment (\$6,000) which will not be required during the period for which the original commitment was taken.

^{e/} Of \$375,000 allocation in 1964, \$20,000 was returned and the same amount added to the outstanding balance of commitment at the June 1965 session of the Board.

^{f/} Excludes three commitment balances totalling \$56,500, which will not be required during the period for which the original commitments were taken.

^{g/} Additional \$500,000 expected to be allocated in 1970.

^{h/} Includes balance outstanding at close of June 1964 session and additional commitment approved at June 1965 session.

ANNEX VII

CONTRIBUTIONS TO UNICEF

Table 1

Contributions from Governments for 1963, 1964 and 1965 (as at June 1965)^{a/}

(in thousands of US dollar equivalents)

Governments	1963		1964		To 23 June 1965	
	Central account	Local costs b/	Central account	Local costs b/	Central account	Local costs b/
Afghanistan	10.0	12.6	10.0	3.5	-	2.0
Algeria	35.0	-	35.0	3.5	40.0	13.3
Argentina	-	-	71.4	-	-	-
Australia	537.6	-	537.6	-	-	-
Austria	98.1	-	96.2	-	96.8	-
Belgium	200.0	-	200.0	-	-	-
Bolivia	5.0	-	5.0	-	-	-
Brazil	209.7	40.5	274.2	8.7	94.4	2.9
British Caribbean Territories:						
Antigua	.2	-	.2	-	-	-
Bahamas	2.8	-	2.8	-	2.8	-
Barbados	4.0	-	2.0	-	-	-
Dominica	-	-	.2	-	-	-
Grenada	1.2	-	.6	-	-	-
St. Kitts	-	-	.3	-	-	-
St. Lucia	.8	-	.9	-	-	-
British Guiana	1.0	-	.9	-	.9	-
British Honduras	.7	-	.7	-	.7	-
Brunei	3.3	-	3.3	-	3.3	-
Bulgaria	4.3	-	4.3	-	12.8	-
Burma	56.0	68.2	56.0	66.0	-	-
Byelorussian Soviet Socialist Republic	62.5	-	62.5	-	62.5	-
Cambodia	5.0	-	5.0	-	-	-
Cameroon	8.2	-	13.3	-	-	-
Canada	739.6	-	739.9	-	925.9	-
Central African Republic	4.3	-	4.3	-	-	-
Ceylon	14.7	3.7	14.7	3.3	14.7	2.9
Chad	10.2	-	6.1	-	-	-
Chile	80.0	4.8	80.0	1.6	-	1.5
China	15.0	-	15.0	-	-	-
Colombia	150.0	8.5	150.0	11.6	154.7	4.6
Congo (Brazzaville)	7.7	-	14.3	-	-	-
Congo (Democratic Republic of)	19.0	-	18.0	-	-	-
Costa Rica	30.0	-	30.0	-	30.0	-
Cuba	70.0	-	70.0	-	70.0	-
Cyprus	1.0	-	2.0	-	-	-
Czechoslovakia	52.1	-	52.1	-	69.4	-

a/ Including contributions receivable.

b/ These are cash contributions from Governments of UNICEF-assisted countries towards local administrative costs of UNICEF field offices (Trust Funds). In addition to cash funds shown in this column, a number of Governments (Ethiopia, Guatemala, Indonesia, Nigeria, Pakistan, Republic of Korea, Thailand) gave free services the valuation of which is not recorded in UNICEF financial accounts.

Table 1 (continued)

Governments	1963		1964		To 23 June 1965	
	Central account	Local costs b/	Central account	Local costs b/	Central account	Local costs b/
Dahomey	5.0	-	5.0	-	-	-
Denmark	173.7	-	202.7	-	256.3	-
Dominican Republic	20.0	-	40.0	-	-	-
Ecuador	15.2	1.7	23.7	1.6	0.0	-
El Salvador	20.0	-	20.0	-	-	-
Ethiopia	18.1	5.6	18.0	9.4	18.1	1.9
Federal Republic of Germany	1,500.0	-	1,500.0	-	1,509.4	-
Finland	62.5	-	62.5	-	93.8	-
France	1,109.2	-	1,109.2	-	-	-
Gabon	11.5	-	13.3	-	-	-
Gambia	.6	-	1.1	-	1.1	-
Ghana	21.0	-	16.8	-	-	-
Greece	57.0	-	57.0	-	69.0	-
Guatemala	30.0	-	80.0	-	30.0	-
Guinea	22.3	-	22.2	-	-	-
Holy See	1.0	-	1.0	-	1.0	-
Honduras	10.0	-	30.0	-	-	-
Hong Kong	3.5	1.8	3.5	1.6	4.4	1.8
Hungary	12.9	-	6.4	-	-	-
Iceland	10.6	-	10.7	-	10.7	-
India	630.0	79.8	840.0	253.7	-	-
Indonesia	100.0	11.5	110.0	1.6	-	-
Iran	275.0	-	275.0	55.0	275.0	15.0
Iraq	56.8	-	56.0	-	70.0	-
Ireland	10.0	-	12.0	-	-	-
Israel	35.0	-	40.0	-	-	-
Italy	320.0	-	192.0 ^{a/}	-	224.0	-
Ivory Coast	10.2	10.2	10.2	32.7	10.2	32.7
Jamaica	8.4	-	8.4	-	-	-
Japan	190.0	-	196.2	-	236.2	-
Jordan	5.6	-	5.4	-	5.6	-
Kenya	2.8	-	2.8	-	-	-
Kuwait	6.0	-	10.0	-	10.0	-
Laos	-	-	1.0	-	-	-
Lebanon	12.6	-	14.5	-	-	-
Liberia	15.0	-	-	-	-	-
Libya	9.8	-	12.6	-	-	-
Liechtenstein	1.0	-	1.5	-	1.5	-
Luxembourg	6.0	-	6.0	-	-	-
Madagascar	10.2	-	10.2	-	12.0	-
Malawi	-	-	-	-	0.8	-
Malaysia d/	57.6	9.7	57.6	8.7	6.5 ^{e/}	0.8
Mali	5.0	-	12.2	2.5	15.2	-
Mauritania	3.3	-	4.1	-	4.1	-

a/ In the 1963 accounts, the contribution of the Government of Italy was shown at \$320,000 (Lit. 200,000,000) on the basis of a pledge raising the annual contribution from \$192,000 (Lit. 120,000,000) to \$320,000 (Lit. 200,000,000). The increased contribution was finally approved in 1964 with effect as from 1 January 1964, too late to decrease the 1963 pledge in UNICEF accounts. At the same time, the Italian fiscal year had been changed to correspond with the calendar year. Consequently, the 1964 contribution of \$320,000 (Lit. 200,000,000) has had to be applied partly (\$128,000 - Lit. 80,000,000) towards clearing the increase set up prematurely in 1963. No further contribution other than the above is due by the Italian Government for the year 1964.

d/ Contributions from Malaysia in 1963 were received from 4 separate states.

e/ Part of 1965 contribution.

Table 1 (concluded)

Governments	1963		1964		To 23 June 1965	
	Central account	Local costs b/	Central account	Local costs b/	Central account	Local costs b/
Mauritius	-	-	-	-	4.0	-
Mexico	500.0	51.9	580.0	33.3	500.0	12.7
Monaco	2.0	-	2.0	-	2.0	-
Morocco	25.1	4.0	25.1	13.1	50.0	-
Netherlands	138.1	-	138.1	-	138.9	-
New Zealand	210.0	-	210.0	-	-	-
Nicaragua	10.0	-	10.0	-	10.0	-
Niger	-	-	8.2	-	8.2	-
Nigeria	21.0	-	21.0	-	-	-
Norway	280.0	-	450.9	-	451.9	-
Pakistan	95.5	41.8	136.4	82.5	-	-
Paraguay	15.0	-	15.0	-	15.0	-
Paraguay	-	-	30.0	-	-	-
Peru	89.6	-	89.6	-	89.6	-
Philippines	185.0	37.4	185.0	62.5	185.0	31.2
Poland	59.8	-	100.0	-	-	-
Republic of Korea	5.0	-	30.0	-	15.0	13.0
Republic of Viet-Nam	15.0	0.1	20.0	0.1	-	0.1
Romania	25.0	-	25.0	-	-	-
Saudi Arabia	20.0	-	20.0	-	-	-
Senegal	20.0	-	20.4	-	-	-
Sierra Leone	2.8	-	11.2	-	-	-
South Africa	30.1	-	30.1	-	50.0	-
Spain	66.7	-	100.0	-	-	-
Sudan	10.0	-	13.1	-	-	-
Sweden	675.7	-	752.9	-	1,000.0	-
Switzerland	348.8	-	441.9	-	439.8	-
Syria	10.9	-	12.5	-	-	-
Tanzania (United Republic of)	.7	-	.7	-	-	-
Thailand	141.5	74.9	140.0	12.2	130.0	48.3
Togo	5.1	-	8.2	-	-	-
Trinidad and Tobago	7.0	-	7.0	-	7.0	-
Tunisia	14.4	3.5	16.6	-	-	7.0
Turkey	194.4	52.4	194.4	34.2	-	49.3
Uganda	2.8	-	11.2	-	11.2	-
Ukrainian Soviet Socialist Republic	125.0	-	125.0	-	125.0	-
Union of Soviet Socialist Republics	675.0	-	675.0	-	675.0	-
United Arab Republic	109.1	12.2	114.8	12.2	-	-
United Kingdom of Great Britain and Northern Ireland	938.0	-	938.0	-	1,120.1	-
United States of America	12,000.0	-	12,000.0	-	12,000.0	-
Upper Volta	3.1	-	6.1	-	-	-
Venezuela	-	-	1.0	-	-	-
Venezuela	-	1.0	-	-	-	-
West Irian	-	-	2.0	-	-	-
Yemen	2.0	-	200.0	-	200.0	-
Yugoslavia	200.0	-	-	-	8.4	-
Zambia	-	-	-	-	-	-
TOTAL	24,592.4	537.8	25,598.0	715.1	21,699.9	243.0
	(118 countries)	(26 countries)	(121 countries)	(24 countries)	(63 countries)	(18 countries)

Table 2

Private contributions by country, for the years 1959 to 1964

(in US dollar equivalents)

Contributing country	1959	1960	1961	1962	1963	1964
Afghanistan	-	-	-	80	-	-
Argentina	-	11	18	22	84	-
Australia	44,809	22,958	11,424	-	1,121,137	318,220
Austria	107	120	-	-	114,801	73,771
Belgium	2,438	2,093	27,501	38,854	73,084	40,722
Brazil	155	-	-	2	6	-
Burma	-	63	16	-	-	-
Canada	126,497	211,116	543,594	316,057	358,951	355,959
Colombia	-	-	-	6	-	-
Costa Rica	-	-	-	37	-	-
Denmark	1,315	3,896	1,989	5,928	4,644	17,104
Ethiopia	-	-	3	-	-	-
Federal Republic of Germany	4,065	6,969	23,856	150,951	29,235	16,989
Finland	-	-	-	37,617	-	-
France	1,368	528	618	956	1,270	1,429
Greece	-	-	-	1	-	1
Guatemala	700	-	-	1	-	31
India	2,265	369	2,564	3,720	431	2,439
Indonesia	-	-	33	5	674	-
Iran	118	-	13	8	65	3
Ireland	8	4,496	36	11,459	2	15,400
Israel	56	-	20	22	-	-
Italy	8,009	7,200	7,852	13,502	12,315	-
Jamaica	-	-	-	-	-	59
Japan	6,250	20,500	-	20,700	23,915	47,389
Latvian	2,650	-	203	118	360	370
Luxembourg	-	299	299	492	1,603	24
Madagascar	-	-	-	-	20	-
Mexico	98	-	57	120	99	107
Netherlands	11,272	15,613	10,070	233,911	76,303	67,325
New Zealand	5,873	-	155	39,131	256,038	347,993
Nigeria	9	-	-	6	354	124
Norway	2,150	1,981	349	4,067	1,752	2,980
Pakistan	5	73	47	15	2	11
Paraguay	10	10	10	10	10	-
Peru	-	-	11	8	64	-
Philippines	512	66	970	774	1,126	1,656
Saudi Arabia	-	-	3,000	-	526	-
South Africa	21	19	25	-	-	-
Spain	221	109	127	136	164	221
Sweden	2,243	5,858	6,936	8,619	6,573	28,765
Switzerland	35	5,983	310,170	120,389	165	3,450
Thailand	121	59	166	228	70	419
Turkey	-	-	-	-	56	-
Uganda	-	-	10	56	2	3
United Arab Republic	-	-	9	-	16	-
United Kingdom	67,630	44,176	65,410	118,330	291,133	576,855
United States of America	1,225,042	1,552,344	1,647,967	2,617,744	2,098,692	2,210,979
Uruguay	-	-	-	139	606	354
Venezuela	-	-	-	24	248	376
Yugoslavia	3	121	-	25	-	27
Total	1,516,039	1,906,530	2,665,548	3,743,570	4,475,696	4,131,555
United Nations Secretariat	10,031	4,319	4,458	7,214	6,475	5,294
Grand Total	1,526,070	1,910,849	2,670,006	3,750,784	4,482,171	4,136,849

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